

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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DIOMED



29 November 1997

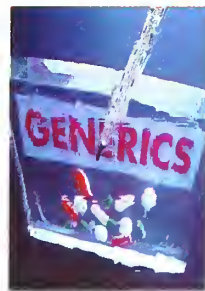
**Trade wins in latest melatonin hearing**

**Aspirin audit highlights referral opportunity**

**Pharmacy Plus wins top retailing award**

**PPA director looks at pharmacy in the future**

**Making a name in the generics market**



**Unichem merger opens Pan-European horizons**

**Boots trials custom-made vitamin scheme**

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# Three out of four headaches are Tension Headaches



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ADVERTISING  
CAMPAIGN

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There were three happy pharmacists at the Savoy last week (see p18). Two were Unichem shareholders who had seen a surge in the company's share price on the back of the merger with Alliance Santé (see p34); the third had just won the top prize in the Switch Independent Retailer Excellence Awards. Tariq Muhammad, proprietor of Pharmacy Plus, and his staff deserve their success. It is a young business, with a young management team which has a clear vision of how it wants to practise pharmacy. The pharmacy and its extended range of services clearly impressed the judges. The resulting publicity will reflect well on the business and community pharmacy generally, and as the sponsor of the award in the pharmacy sector, C&D is happy to share a little in the reflected glory!

Unichem's merger with Alliance Santé achieves the company's stated ambition to expand into Europe. Having failed to win Lloyds Chemists earlier this year, and with a 33 per cent share of the domestic pharmacy wholesale market, the need to properly break out of the UK has become pressing. The City has appreciated Unichem's bold move, which should be complete by the end of the year and is forecast to treble sales and double operating profits. Although UK shareholders can look forward to a healthier dividend, the impact on day to day services to community pharmacies will be minimal. The rewards will come from more effective procurement, rationalisation of the existing wholesaler network in Europe and opportunities for further expansion. Unichem's pre-wholesaling operation will take on greater significance, but any retail ambitions will be held in check by the ownership regulations which exist in many European countries. The merger is yet another strand in the web drawing the UK further into a European market place.

## CHEMIST & DRUGGIST

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Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by  
Miller Freeman plc, Sovereign Way,  
Tonbridge, Kent TN9 1RW

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Internet site:

<http://www.dotpharmacy.com/>

Subscriptions: Home £121 per annum

Overseas & Euro £173 per annum

including postage.

£2 40 per copy (postage extra).

Circulation and subscription: Royal

Sovereign House, Beresford Street,

London SE18 6BQ. Tel: 0181 855 7777

Refunds on cancelled subscriptions will

only be provided at the publisher's

discretion, unless specifically

guaranteed within the terms of

subscription offer.

The editorial photos used are courtesy

of the suppliers whose products they

feature.

**Miller Freeman**  
A United News & Media publication



# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 248 No 6114 138th YEAR OF PUBLICATION ISSN 0009-3033

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# Pharma Nord to appeal over melatonin classification

Melatonin supplier Pharma Nord has been granted leave to appeal to seek a ruling on whether melatonin should be classified as a medicinal product.

At a Court of Appeal hearing last Thursday, two Lord Justices agreed that Pharma Nord's case should not be heard in a criminal court, as had been proposed, but in a civil court.

Pharma Nord has been seeking a ruling since having melatonin products seized by Medicines Control Agency agents from its Northumberland headquarters in

summer, 1996. Pharma Nord contests the MCA's claim that melatonin is a medicinal product. Instead, it wants melatonin classified as a food supplement because of its use as an anti-oxidant.

At present, there is no forum in law to decide whether melatonin is a medicinal product under the Medicines Act 1968, other than in the criminal courts, says Pharma Nord. Instead, the company believes that the way forward is to obtain a High Court ruling in the form of a declaration that melatonin is not a medicinal

product and that the company's conduct is not criminal.

Pharma Nord renewed its application for leave to appeal because it was recommended that only a criminal court could decide. Its counsel is seeking a full hearing in open court in civil proceedings and possibly a European Court airing as medicinal product is an EC Directive 65/65 classification.

There could be problems for a magistrate or jury in evaluating expert evidence, as well as organising leading witnesses to testify from as far afield as California.

## Audit Commission supports drug cost assessment

Cost-effectiveness tests should be applied to new drugs and treatments before they are made widely available on the NHS, the Audit Commission has suggested.

Drugs could still be licensed using the criteria of safety and efficacy, but licensing could be followed by a economic evaluation. Central funding would be provided on condition that outcome data was assessed by a national clearing house set up by the NHS Executive. The clearing house could then guide health authorities on cost effectiveness.

In its report, 'Higher purchase: commissioning specialised services in the NHS', the Commission says this new approach could prevent the inconsistencies that occur when some health authorities fund new drugs and others do not.

The scheme would not delay licensing – systems which require proof of cost-effectiveness before licensing are difficult to implement, the report says.

At present, prescribing committees in different IAs are duplicating effort by carrying out similar drug reviews, although some are working together informally to assess new treatments.

The report states that these local collaborations do not go far enough, as all commissioners need the same basic information before deciding whether or not to invest in new treatments.

## Chancellor urges restraint on public sector pay

Gordon Brown, the chancellor, has enraged public sector unions by insisting that workers should continue to accept tight pay restraint, for the benefit of the whole economy.

Mr Brown called together the heads of the public sector pay review bodies on the day of his 'Green Budget' to press home the need to continue to show responsibility in setting pay rises.

Public sector unions say the upturn in the economy and higher-than-expected tax receipts for the Treasury gave the chancellor the chance to increase pay in areas where it had fallen behind the private sector in recent years.

Mr Brown's pre-budget statement also unveiled a one penny cut in corporation tax to 30p in the pound from April 1999. He is expected to cut capital gains tax over the longer term, next spring.

# Final exam results please NPA

Fifty out of 54 National Pharmaceutical Association candidates have passed the final Society of Apothecaries' examination for dispensing technicians.

Joanne Beale of St Margaret Pharmacy in Bradford on Avon, Wiltshire, and Susan Morley of Sampson Rutland Pharmacy, Oakham, Rutland, received distinctions after sitting the exam in

July at Sunderland University.

The exam has been offered by the Society of Apothecaries in one form or other since 1815. The NPA's new dispensing course, which meets the NVQ Pharmacy Services Level 3 requirements, has superseded the SoA course.

For the past few years, the NPA has been able to nominate candidates to sit the SoA exam,

even if they lacked the required three O-level passes. "Our candidates have always performed well in this exam and this year saw a record number of NPA entrants," said NPA head of training Ailsa Benson. "I am pleased that the course has helped many talented technicians, who lacked the necessary O-levels, to obtain this prestigious certificate."

## Association aims to promote travel health

A new association has been set up to support health professionals with an interest in travel health and medicine.

The British Travel Health Association's aims are:

- to promote a multi-disciplinary approach to travel health
- to offer information and education, including newsletters reporting on research findings
- to provide a forum for discussion
- to promote research on travel health issues
- to increase public awareness of travel health hazards.

A steering group of health experts is guiding the association's formation. Membership is £20 a year and is open to tour operators and travel products suppliers.

Those joining by February 1 will be invited to nominate council members. Application forms are available from: Gayle Sawyer, British Travel Health Association, 4 Bedford Square, London WC1B 3RA. Fax: 0171 631 0602.

## Glasgow targets accidental poisonings

Greater Glasgow Health Board is supporting an inter-professional campaign to raise awareness of accidental poisoning, especially among children.

Pharmacists, doctors and health visitors will be promoting 'safe storage' messages with posters and leaflets. It is hoped that additional warning labels will be attached to dispensed medicines, to emphasise the 'keep out of reach of children' warning.

The design of adhesive labels is still being finalised, but plans to include a warning on the sticky tape which seals prescription bags are also being considered.

The first stage in the campaign began on Monday to raise media awareness, with Royal Pharmaceutical Society vice-president Christine Glover and Yorkhill NHS Trust pharmacy director James

Wallace on the launch panel.

The move follows a "substantial increase" in the number of toddlers who have swallowed adult prescriptions and other noxious substances. Yorkhill's Royal Hospital for Sick Children has dealt with nearly 600 cases of ingestion in the first ten months of this year compared to 490 for the whole of 1996.

"Almost half of the children we see have swallowed either capsule or tablet medication and 15 per cent liquid medicine," said RHSC accident and emergency consultant Dori Doriaswamy. Normally, only one child will die from ingestion each year, but 9 per cent are admitted to hospital.

The inter-professional approach is the only way the health board can tackle the problem of poisonings, said a GGHB spokeswoman.

## Government to review prescription exemptions

The Government has confirmed that it is looking to cut the number of exemptions from prescription charges, as part of its wider review of health charges.

Baroness Jay, health minister, told the House of Lords she was concerned about the number of

exemptions, which "may reveal something of an exploitation of that system".

"There are definite anomalies in the ways in which exemptions are currently registered – that is being closely examined," she said.





Unichem has merged with French wholesaler Alliance Santé this week, see p34

## Aspirin audit could lead to referral

A London Health Authority is considering a pharmacist-GP referral system for patients taking aspirin without the knowledge of their doctors. The move follows an audit which showed that over a fifth of patients taking aspirin for its anti-platelet activity may be doing so without their doctor's knowledge.

Last week, Ealing, Hammer-smith & Hounslow Health Authority pharmacy audit facilitator Frances Horne released the results of an audit into aspirin purchases at community pharmacies.

Of those customers buying aspirin for reasons other than

analgesia or 'first aid' effects, 21 per cent of people were taking aspirin without the doctor knowing. A further 12 per cent were not sure whether the doctor was aware. The main reasons for taking aspirin, other than by doctor recommendation, were due to having read a newspaper report, followed by another member of the family taking it.

Ms Horne says that the project does not show if all of the patients taking aspirin are at 'high risk' from cardiovascular problems or would benefit from taking it. "One way of addressing this would be to develop a referral form for

those patients whose GP is unaware that they are taking aspirin so that a 'risk assessment' could be carried out," she says.

The audit followed work in the HAA looking at identifying patients who might benefit from aspirin as part of their therapy for cardiovascular problems. Purchasers of aspirin were interviewed to find out why they were buying it, what dose was being taken and whether the user's doctor knew.

Of 540 customers interviewed, 37 per cent were taking aspirin, mainly of 300mg strength, for analgesic or first aid reasons such as symptomatic relief from colds.

## Pharmacists and GPs learn together

Pharmacists and GPs in East London and North Essex are working closely together on a course which leads to a certificate in 'Principles of primary care therapeutics'.

The aim is to promote a rational approach to therapeutics in the community and to foster understanding, good communication and interprofessional working between those in the primary care team responsible for prescribing and dispensing.

Dr Chris Derrett, course co-

ordinator, believes it is the first time pharmacists and GPs have collaborated in this way. "An important feature is the homework, which is meant to be done in pairs, with a GP working with a pharmacist," he says.

The course, which started in October and runs into January, is being organised jointly by the Department of General Practice, St Bartholomew's Hospital, the Royal London Medical Schools, Queen Mary College, and EQUIP, a primary care education organi-

sation. It comprises two whole day and five half-day sessions covering different therapeutic areas and runs in parallel at two venues - Mile End and Hatfield Peverel. There are about 50 participants in all, nearly half of whom are community pharmacists.

The course has been accredited by the College of Pharmacy Practice, and pharmacists who successfully complete the assignments will receive a certificate from Queen Mary and Westfield College.

## West Midlands workforce survey to help future plans

Pharmacists in the West Midlands are being asked to complete a survey looking at the pharmacy workforce, which is being sent out over the next fortnight.

Findings from the Keele and Aston Universities' survey will be used to plan community and hospital pharmacy in the region.

Although the 'fallow year' in 2000 will exacerbate any existing problems, the researchers say action is needed more quickly.

All registered pharmacists under the age of 65 and those over 65 who are still working, are being asked to respond so that the researchers can get a better

overview, says Helen Boardman of Keele's department of medicines management.

The survey asks about current work and future plans. Those working part-time or who have left pharmacy practice will be asked if they might be prepared to increase hours or return to work.

### EDI consultation

The consultation period on the NHS Executive's proposals in its document 'Electronic Data Interchange (EDI) for Prescriptions' has been extended to January 2, 1998.

### What should I do?

Bexley & Greenwich Health Authority is extending its pilot study of the 'What should I do?' patient education programme across the HA. The information booklet on healthcare in the home is being distributed from all 95 pharmacies in the region, as well as 215 GP surgeries.

### Standards expected soon

The Royal Pharmaceutical Society is hoping to release details of the newly-agreed standards for professional services, as soon as possible after the December Council meeting next week. The standards cover services to nursing and residential homes, instalment dispensing services, the home delivery of medicines, needle and syringe exchange schemes and the collection of pharmaceutical waste by community pharmacists.

### Database copyright

The National Pharmaceutical Association sees no major problems for pharmacists keeping patient medication records when copyright legislation on databases comes into effect on January 1, 1998. The Copyright and Rights in Databases Regulations 1997 implements an EC Directive which introduces a new right against unauthorised extraction or re-use of database contents. It also limits copyright protection to databases in which the selection and arrangement of contents are the author's own "intellectual creation".

### Salaried doctors

The government is backing a new scheme to allow salaried GPs to be employed within the NHS for the first time with an extra £4 million. The scheme aims to improve GPs' career opportunities and the quality of GP services, and to give health authorities extra flexibility in supporting GP services and new developments.

### White paper due

The much anticipated White Paper from the Department of Health is expected to be published on Monday, December 1. It will outline the government's plans for internal market reforms within the NHS.



# Customer obsession can give independents the edge

A management development expert has called for independent community pharmacies to become "customer obsessed" and to develop emotional links with customers to boost business.

Over 50 independent pharmacists from north-east England, who attended the Procter & Gamble-sponsored 'Independent Edge' conference at the Copthorne Hotel in Newcastle



**Professor Ron Eccles, director of the Common Cold Centre at Cardiff University, spoke of the impact of pharmacists' advice in helping patients to recover. Other factors such as taste, packaging and cost are claimed to contribute to the effectiveness of a medicine**



**David Williams at the conference**

last week, were told that customer satisfaction was just the beginning.

"Customer satisfaction is an entry point. Pharmacists must become customer obsessed," said David Williams, founder of 'Encouraging Excellence', a national management network programme.

He cited research which shows that for a customer's experience to lead to repeat business, an emotional link, or "affective component", must develop. "Customer attention is free – you need not be disadvantaged for lack of money or purchasing power," he commented.

He also highlighted studies which show that around 70 per cent of customers leave because of dissatisfaction with the service they are receiving, and that it costs five times as much to win a new customer than to retain an existing one.

One reason for dissatisfaction is that too many facts get in the way of a sale and customers do not want to be blinded by science – customers are looking for solutions more than properties, he said.

Pharmacists should search for collaborative advantage as avidly as they would search for competitive advantage, said Mr Williams. "Your business is built on a web of co-operative partnerships with customers, medical practitioners, suppliers, and colleagues. Co-operation is not based on altruism but in recognition that, with positive goals, self-interest requires collaboration."

He warned pharmacists not to expect security but to search constantly for opportunities, saying: "Change is inescapable, but its effects are not necessarily detrimental for the small business – provided that business is aware and responsive."

Mr Williams spoke of the effects of change and how:

- consumer communities are not restricted to shopping locally
- customer expectation has

increased along with customers' knowledge of products

- over five million people in the UK shop after 10.00pm, and 37 per cent of consumers go shopping after 8.00pm

He urged the independent sector to find a way to outface competitive threats from the market place, which is wider than ever before. Too much choice, he said, compounded by poor display techniques, can daze consumers. Mr Williams believes customers are looking for empathy and guidance.

Delegates were urged to invite demands and welcome complaints because, as Mr Williams explained, these are the building blocks of repeat business. He proposed that if pharmacists help customers make their choices, customers will make them their first choice.

Pharmacists can respond to change by focusing on the role of public perception in the areas of hygiene and health, and professional expertise.

They should also examine their product knowledge, he said, because the ability to learn faster than the competition is a sustainable competitive advantage. Personal service should also be looked at (multiples have a problem with this because size works against excellence and quality).

## Are you involved in health promotion?

The search is on for community pharmacists who are involved in interesting health promotion projects.

The Royal Pharmaceutical Society and the Department of Health are sponsoring research on health promotion initiatives, in line with the 'New Age' strategy and the 'Primary Care Choice and Opportunity' White Paper.

The work is being carried out by Claire Anderson, director of

pharmacy practice research, King's College London. She would be interested to hear from pharmacists actively involved in "exciting" health promotion initiatives in their own pharmacy, with the rest of the primary healthcare team or in other ways.

Dr Anderson has already carried out a literature review to identify evidence of benefit, and examples of existing guidelines and protocols. The next stage

will be a survey of health authorities and health promotion units, and the formation of an expert group to produce guidelines for health promotion by community pharmacists. The work is to be completed by the end of March.

Pharmacists who wish to provide information, can contact Dr Anderson at the pharmacy department, King's College London, Manresa Road, London SW3 6LX. Tel: 0171 333 4838; fax: 0171 351 5307.

## Government resists pressure on vitamin B6

The government is resisting mounting pressure at Westminster to change its mind over plans to limit the sale of vitamin B6.

Lord Donoghue, agriculture minister, told peers that there was compelling evidence that the consumption of 50mg or more on a daily basis could be dangerous.

"A doctor can prescribe 50mg; those who have complaints that can be helped by B6 can still get it from the pharmacist," he said.

## Tesco gets bad press over 'neighbourhood' applications

Supermarket chain Tesco has received bad press coverage over three pharmacy applications it has made under the 'neighbourhood' ruling.

The application to open a pharmacy at its Mold, Clwyd, store was reported as being "nothing but greed" in *The Chronicle Mold & Buckley*. Applications to open pharmacies in West Herts stores at Watford and Rickmansworth were described as "bad medicine

for local shops" in *The Watford Observer*.

The paper's comment column says Tesco's argument, that its stores were communities, "is pure guff and only serves as an insult to the people of the area". It concludes: "Greed is not an attractive trait, and Tesco should leave the local pharmacies to provide their services without attempting to squeeze them as well."

The report of the Mold Town

Council took a similar tone. One councillor said: "It's just greed. They [Tesco] don't need the extra trade, but the small independent traders in the town need all the support we can give them."

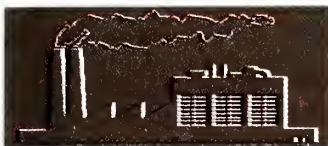
West Herts Local Pharmaceutical Committee has opposed Tesco's applications on the grounds that Justice Tucker's rulings on shopping centres being neighbourhoods does not apply to individual stores.

The application for the Watford store was opposed because it is within 400m of the town centre where there are already enough pharmacies. The LPC argued against the Rickmansworth store obtaining a pharmacy contract as it could not be compared to a shopping centre, so would not be covered by the neighbourhood definition.

Tesco was unable to comment before *C&D* went to press.



## INDUSTRY VIEWPOINT



## Hitting the right spot

Most pharmacists recognise that they get tremendous support from the manufacturers of the beauty and toiletry products sold in their front shop. There is endless advice on how to improve sales and how to succeed in what is a highly competitive market. The problem is that this segment of a pharmacy's business represents only a small proportion of total turnover.

The balance of business in the front of shop comes from sales of counter medicines and health products, and it is surprising that there is a relatively lower level of apparent support from these manufacturers. Yet this is core pharmacy business, where the pharmacist has a real role to play. However, even this market segment makes up only a minority of the pharmacist's turnover.

## Actually talking to pharmacists is always a problem

What is more surprising, however, is the still lower level of support from manufacturers for pharmacy's core business. The area where pharmacists should be able to have the most impact on their patients, is the area where manufacturers seem to put least investment.

Actually talking to pharmacists is always a problem, not because they are so busy interacting with patients, but because so much time is spent in the dispensary away from patients. Surely it is the responsibility of drug companies to help pharmacists in the training of their dispensary staff and, in particular, to encourage changes to working practices which seem geared to keep the pharmacist away from the patient.

This is a significant problem that, for the main part, can best be addressed by those companies that are supplying Prescription medicines. There is a significant opportunity for those who are prepared to redirect even a small part of the budgets that are addressed to the medical profession in order to get the script written. Pharmacists' advice on how to achieve most benefit from the medicines supplied by the pharmacy should be a real benefit to the manufacturer.

*Contributed by a senior industry manager.*



## Getting too clever with smoking cessation?

I have found the recent series of smoking cessation modules, distributed with C&D by Pharmacia & Upjohn, to be a valuable revision course, but module five has broken ranks by introducing a new product concept: the inhalation device.

I have no criticism of P&U for carefully leading me down the road of continuing education in order to offer me further opportunities to encourage smoking cessation, but I wonder whether this new product poses hidden dangers that are not adequately explained by the module content.

All nicotine replacement therapies run the risk of replacing the addiction to tobacco by one of addiction to its cessation alternative. It may be safer to habitually chew nicotine gum than smoke cigarettes, but nevertheless, the underlying treatment has failed because the client still remains dependent on nicotine. I have seen no published studies on the incidence of NRT dependence, but I do know many customers for whom this is an obvious problem.

From the wording of module five, I am assuming that the

# Topical Reflections

launch of the Nicorette inhalation device is imminent, and that it is to be sold as a P product.

I view this development with some concern because the inhalation device, by claiming to simultaneously tackle both the behavioural and pharmacological problems of dependence, could easily become a *de facto* cigarette. The device could end up being used as a social status symbol in the same way as its now discredited alternative.

In promoting nicotine replacement therapy to aid smoking cessation, I am acutely aware of the dangers of perpetuating the addiction rather than curing it. If the inhalation device is as effective as it is claimed, then it should, perhaps, be introduced from the more tightly controlled environment of the GP's surgery or, as an intriguing alternative, through accredited pharmacists who have been trained to provide the support and control necessary for this type of therapy to succeed.

## Is Persona targeting the wrong concept?

I was recently persuaded that Unipath had truly seen the error of its ways and that it really did want to help me participate in marketing its Persona contraceptive system.

This week I sold my first Persona machine and my first pack of sticks, both to the same lady, but not for contraception! This lady had specifically requested help with predicting her most fertile period as an aid to conception. I was delighted,

and having spent some time explaining to her the alternative methods of achieving this prediction, I easily sold her the Persona concept.

Marketed as a contraceptive, I believe Persona misleads the public. Very few people can understand the statistics of failure, but as an aid to conception it is brilliant. Perhaps this is where Unipath really has gone wrong.

Persona should be more properly described as a 'fertility predictor', but if the word 'contraceptive' was removed, I wonder how many would be sold?

## Going off with a bang!

I thought the autumn silly season only involved the annual charade of too many customers chasing too few flu vaccines, but the humour has now been further extended by the tantalising prospect of exploding customers.

Or, to be more precise, exploding GTN tablets which, according to the United Nations, are now classified as explosives when made to the formula of 10 per cent GTN in a 90 per cent lactose base (C&D November 22 p14).

I have often lightened my counselling advice to new angina patients by alluding to the explosive properties of GTN, but little did I know that confirmation of this approach would come from such an illustrious source.

I have supplied Cox GTN tablets for many years with few complaints, but I wonder whether the Chemist Defence Association has ever had to defend a case of professional negligence based on a claim of loss of false teeth due to an exploding tablet!



# SCRIPTspecials

## Ultra Four supply

Robinson Healthcare would like to clarify that its new four layer compression bandage system, Ultra Four (C&D, November 1) is available from Unichem, initially as a 'special' via South Normanton. Robinson Healthcare. Tel: 01246 220022.

## Vaccine Direct

Vaccine Direct is a new initiative from Pasteur Mérieux MSD to provide rapid and direct access to its range of vaccines. A freephone order number (0500 106420) and a free fax number (0500 106411) have been set up. Pasteur Mérieux MSD. Tel: 01628 785291.

## Erythoden

Erythoden is a sugar-containing erythromycin suspension from Steveden Generics in a 140ml bottle. It comes in two strengths: 125mg/5ml and 250mg/5ml (basic NHS prices £1.98 and £3.29). Steveden Generics. Tel: 01622 766389.

## Colour change

APS/Berk Erycen erythromycin tablets 250mg are changing colour from orange/red to white with a marking of 'E' on one side. APS/Berk. Tel: 01132 380099.

## Flexipore distributor

Tissue Science Labs has been appointed the UK distributor for Flexipore dressings. Available on the Drug Tariff, Flexipore comes in five sizes and is indicated for medium to light exuding wounds. Tissue Science Laboratories. Tel: 01252 333002.

## Opilon 40mg

The pack size of Opilon 40mg is changing from 120 to 112 tablets, effective from November 24. The new basic NHS price is £26.13. Parke Davis. Tel: 01703 620500.

## New Neorecormon

Two new Neorecormon packs of individual vials containing 500iu epoietin beta are available. Neorecormon 500 contains ten vials and ten ampoules of water for injection. Neorecormon 500 with syringe contains ten syringes prefilled with water for injection. Both have a basic NHS price of £43.88. Boehringer Mannheim. Tel: 01506 412512.

## Dioralyte Relief for ORT and diarrhoea

The first rice oral rehydration therapy product is launched in the UK this week in the form of Dioralyte Relief from Rhone-Poulenc Rorer.

The product is indicated not only for the oral correction of fluid loss in patients aged three months and upwards, but also for the treatment of watery diarrhoea (including gastroenteritis) in all age groups from three months.

Dioralyte Relief is presented in a sachet containing pre-cooked rice powder 6g, sodium citrate 580mg, sodium chloride 350mg and potassium chloride 300mg. Each sachet should be mixed in 200ml of water to form a milky apricot-flavoured suspension.

Adults and children can take up to five sachets a day for three to four days following a loose motion. Infants from three



months to a year should only be treated under medical advice: 150-200ml/kg/24 hours may be given, half the volume in the first eight hours.

Adding rice acts to reduce the product's osmolality compared to glucose-based ORT. This aids the absorption of water in the

lumen and the formation of more normal stools. Dioralyte (glucose ORT) has an osmolality of 240mOsm/l, compared to Dioralyte Relief at 140mOsm/l.

Rice ORT also reduces the duration of diarrhoea and the mean stool volume, allowing patients to resume a normal diet more quickly.

A further added advantage, says RPR, is that in trials children under 18 months drank significantly more of the prescribed volume of the rice ORT than glucose ORT, suggesting it is more palatable.

Dioralyte Relief has a Pharmacy licence but is initially being promoted to GPs. A pack of 20 sachets has a basic NHS price of \$5.63 and a retail price of \$9.24. Rhone-Poulenc Rorer Ltd. Tel: 01732 584000.

## Health Checks in the home ...

Two new home screening tests from Kent Pharmaceuticals could save lives by detecting early cancers of the bowel, liver and bladder, and identifying diabetes at an early stage.

Health Check No 1 (\$7.95), picks up any traces of blood, glucose, proteins and nitrites in the urine, which could be a sign of kidney and liver disease, urinary tract infection or diabetes.

It consists of a thin strip which is held in mid-stream urine for a couple of seconds. The strip is divided into nine sections, each coated with different chemicals which react with normal urine to produce a standard colour after 60 seconds.

Any abnormality will cause a variation from the standard reading which can be detected by laying the strip alongside a reference colour chart.

Health Check No 2 (\$9.95)

detects faecal occult blood (FOB) which could be a sign of bowel cancer, diverticulitis, gastric and duodenal ulcers, colitis, Crohn's disease, haemorrhoids or other bowel disorders.

It consists of fluid-filled bottle with a built-in collection stick and a plastic test device. A stool sample is collected using the stick which is then replaced in the bottle.

If there are traces of blood in the sample, haemoglobin from the blood will be released by the solution. Two drops of the liquid are then placed on the test device and one blue line indicates a negative result, two lines a positive.

If either test indicates an abnormality, it should be repeated 24 hours later. If it is again positive the patient should see their GP.

Kent Pharmaceuticals Ltd.  
Tel: 01233 638614.

## New dosing guidelines for CFC-free Locabiotol

Servier is introducing a CFC-free formulation of Locabiotol (fusarfungine) on December 8.

The new formulation delivers antibiotic solution to the nasal and/or oral cavities using a metered dose pump with dedicated attachments. The concentration has been changed to allow fewer actuations per dose.

The new dosing guidelines are:  
● adults and the elderly – one inhalation by mouth and/or one inhalation in each nostril every

four hours

● children – one inhalation by mouth and/or one inhalation in each nostril every six hours using the appropriate attachment.

The product's indications and price (\$1.55) are unchanged.

Pharmacists who have any old formulation Locabiotol on their shelves on December 8 should contact Servier direct to arrange replacement or reimbursement.

Servier Laboratories Ltd.  
Tel: 01753 662744.

## MEDICAL MATTERS

### Poor compliance by diabetic teenagers means poor control

Young patients with insulin dependent diabetes show poor compliance with insulin therapy, says a report in *The Lancet*. The authors say this is a major factor in the poor long-term glycaemic control and diabetic ketoacidosis in this age-group.

Using the prescribed insulin dose and cumulative volume of insulin prescriptions supplied to 89 diabetic patients with a mean age of 16, researchers calculated the days of maximum possible insulin coverage per annum.

They found that 28 per cent of the patients obtained less insulin than their prescribed dose. Not surprisingly, there was a significant inverse association between glycaemic control and the adherence index.

There were 36 hospital admissions for complications related to diabetes. The adherence index was also inversely related to admissions for diabetic ketoacidosis and all admissions related to acute diabetic complications.

The authors speculate that carelessness and fatigue of sustained day-to-day effort of self-care may lead to a pattern of intermittent insulin treatment, where insulin is only administered when symptoms of hyperglycaemia develop.



# NO



## For the treatment of gingivitis.

Since its launch 21 years ago, Corsodyl has always been "The Gold Standard" treatment for gingivitis. With a staggering 77%\* of all dentists recommending Corsodyl more than any other brand of mouthwash, it comes as no surprise that it is the number one mouthwash in pharmacy.\*\*

Extensive clinical trials have proved the

efficacy of Corsodyl mouthwash in the treatment of gingivitis; it is also indicated for the management of recurrent oral ulceration, denture stomatitis and oral thrush, and the promotion of gingival healing after oral surgery.

So when it comes to fighting oral infection, always make Corsodyl your number one choice.

**Corsodyl – The Gold Standard**  
chlorhexidine gluconate

\*PMSI Independent Research 1997

\*\*Nielsen Pharmacy Mouthwash Data M/A 1997

**Corsodyl. Uses:** Inhibition of plaque, treatment and prevention of gingivitis, maintenance of oral hygiene, promotion of gingival healing following surgery, useful in the management of aphthous ulceration and oral candidal infections. **Presentation.** *Spray and Mint Mouthwash:* Clear colourless solution containing 0.2% w/v chlorhexidine gluconate. *Mouthwash:* Clear pink solution containing 0.2% w/v chlorhexidine gluconate. *Dental Gel* Clear colourless gel containing 1% w/v chlorhexidine gluconate. **Dosage & Administration.** *Spray:* Apply to tooth and gingival surfaces and ulcers using up to 12 actuations of the spray twice daily. *Mouthwash and Mint Mouthwash:* Rinse mouth with 10 ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10 ml for one minute. *Dental Gel* Brush the teeth with one inch of gel for 1 minute, once or twice daily. **Ulcers, oral candidal infections:** Apply gel to sore areas. For gingivitis, use for a month. For ulcers, oral candidal infections, use for 48 hours after clinical resolution. **Contraindications.** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **Precautions.** For oral use only, keep out of eyes and ears. **Side effects.** Occasional irritative skin reactions. Extremely rarely, generalised allergic reactions to chlorhexidine. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur, usually reversible. Transient taste disturbances and burning sensation of the tongue may occur on initial use of the mouthwash, usually diminishing with continued use. Occasional oral squamation. Very occasional parotid swelling. **Overdosage.** Systemic effects are unlikely after accidental ingestion or overdosage, however gastric lavage may be advisable. **Product Licence Numbers and Basic NHS Cost.** **'Corsodyl' Spray** (0079/0311) 60 ml (OP) £3.73. **'Corsodyl' Mouthwash** (0079/0313) 300 ml (OP) £1.84. **'Corsodyl' Mint Mouthwash** (0079/0312) 300 ml (OP) £1.84. **'Corsodyl' Dental Gel** (0079/0314) 50 g (OP) £1.21. **Legal Category P.** Date of last revision March 1997. **Licence Holder** SmithKline Beecham Consumer Healthcare, Brentford, TWB 9BD. **'Corsodyl' and 'Corsodyl The Gold Standard' are trademarks.**

**SB SmithKline Beecham**  
Consumer Healthcare



# COUNTERpoints

## Nelson unveils direct sales operation

Complementary medicine supplier A Nelson is launching a direct telesales operation for independent pharmacies to back up its eight strong team of territory managers.

Nelsons direct is being promoted in a brochure mailed this week. It aims to offer greater flexibility for existing accounts, a programme of special promotions and incentives for new customers.

The company's entire range will be available through the service (not all lines are currently available from wholesalers), including

the 38 strong Classical Series homoeopathy range, the formulated range for first time users, and the topical range.

Bach Flower Remedies and Nelson & Russell aromatherapy products will also be offered. The OTC Freephone order line is 0800 289515.

A prescription 'specials' service, with next day delivery of over 3,000 homoeopathic remedies, is available for outlets which dispense for homoeopathic practitioners on 0500 179412.

Marketing and sales director Anna Maxwell says the company deals direct with about 4,000

pharmacies at present. "I am aiming to double that in the next two years and I do not think it is unachievable the way the market is growing."

An introductory offer for new customers using Nelson direct includes a starter pack with key lines from Bach Flower Remedies, Nelson's formulated and topical ranges, and Nelson & Russell bath and massage oils. The offer price is £115 for products with a retail sale value of £243.45, giving a profit on return of 45 per cent.

A telephone advisory service is also available. **Nelson & Co Ltd.**  
**Tel: 0181 780 4200.**

## Bryonia is back

Nelson is reintroducing its Bryonia homoeopathic cough syrup this week.

Aimed at those suffering from an irritable cough associated with flu-like illness, the syrup contains *Bryonia dioica* in a 6C potency, as well as honey and lemon. It is presented in a 150ml shatterproof bottle (£3.85) complete with measuring cup and tamper-evident seal.

An introductory offer consists of 12 bottles for the price of ten in a merchandising unit.

The packaging uses simple imagery to highlight the key natural benefits.

● A brochure outlining the origins, development and usage of Bach Flower Remedies is available from the company.

**A Nelson & Co Ltd.**  
**Tel: 0181 780 4200.**



## SB's products feature in home video



Smithkline Beecham has linked up with Granada in a double deal to support its Hedex Extra painkiller and Macleans Whitening toothpaste.

Both products are featured in the new Coronation Street video:

'Viva Las Vegas - The Movie'.

Granada is the first broadcaster to allow advertisers to place products on home videos.

**Smithkline Beecham Consumer Healthcare.**  
**Tel: 0181 560 5151.**

## Vitamins keep travellers healthy

New in the UK is a vitamin food supplement which is designed for the long distance traveller.

Made in New Zealand, Jet Ease is formulated to help travellers stay healthy by supplementing their diet with extra vitamins.

The tablets contain glucose, vitamin B, vitamin C and vitamin E.

Packaged in a slim travel pack, the product retails at \$6.50 for 30 tablets.

**NZ Health Products Ltd.**  
**Tel: 01992 522123.**



## Seven Seas launches sleep remedy

Seven Seas has launched a licensed herbal sleep remedy called Slumber Tablets.

The product is formulated with a variety of traditional herbs which are known for their relaxing and sleep inducing qualities.

It contains wild lettuce, passiflora, piscidia (Jamaican dogwood) and lupulus (hops).

Shaped to be easy-to-swallow, the tablets retail at £3.95 for 60.

The launch is being supported by an extensive PR campaign.

● The sleep aid market is currently worth \$8.1m (Nielsen, August 1997). Herbal remedies now



account for 30 per cent of all OTC sedative sales in pharmacies.

**Seven Seas Health Care Ltd.**  
**Tel: 01482 375234.**

## New Year boost for Diflucan One

Pfizer Consumer Healthcare will be supporting its Diflucan One OTC vaginal thrush treatment with a \$2.2m TV and press advertising campaign in 1998.

The brand's striking 'restaurant' TV advert will be on air in two bursts

during January/February and August.

This will be complemented by a press campaign, which will run in women's magazines throughout the year.

**Pfizer Consumer Healthcare.**  
**Tel: 01420 84801.**

## Natural immune support from Blackmores

Blackmores will be launching Echinacea Forte 3000 and Echinacea Lozenges in the UK in January.

Formulated to support the immune system, the products are already established in Australia.

Echinacea Forte 3000 is a strong product containing 3,000mg of echinacea per tablet, the equivalent of 3ml fresh plant juice.

Three tablets per day provide the same amount as the scientifically recognised dose. Retail price is \$7.95 for 40.

Echinacea lozenges, for sore throats, combine 500mg of echinacea with vitamin C and eucalyptus oil. Retail price is \$3.95 for 24.

**Blackmores UK.**  
**Tel: 0181 987 8640.**

## Liquid gold for the metal man

Mars is supporting its Locketts medicated confectionery with a \$2.5m TV campaign.

The 30 second commercial uses the analogy of a 'Metal Man' with a rusted throat and nasal passage to demonstrate the brand's double action formula.

It shows the product cracking open and the honey liquid centre pouring out like soothing oil which spreads over the metal man's throat.

**Mars Confectionery.**  
**Tel: 01753 550055.**





# The most recommended lozenge in pharmacy - because you say so. And say so.



It's no coincidence that when it comes to sore throats, Merocaine is the most recommended throat lozenge<sup>1</sup> - because nothing has been clinically proven to relieve sore throats faster.<sup>2</sup>

And thanks to you, your customers have found the effective relief they need.

## And say so.

It's the powerful, dual action combination of Benzocaine, a strong local anaesthetic to relieve pain, together with Cetylpyridinium Chloride (CPC), a fast-acting anti-bacterial agent, which produces such impressive results. In fact, Merocaine's powerful antimicrobial efficacy is clinically proven to achieve a 99% reduction of the most common oral pathogens within 5 minutes.<sup>3</sup>

For severe sore throats, Merocaine should be your number one recommendation, because Merocaine provides fast, effective relief for your customers - and a good Profit on Return for you.

## Merocaine®

Cetylpyridinium Chloride, Benzocaine.

### For sore throats, make Merocaine your No1 choice.

 Seton  
Healthcare Group plc

Tubiton House, Oldham OL1 3HS,  
England. Telephone 0161-652 2222

Merocaine is a Trade Mark of Hoechst Marion Roussel Ltd.

Merocaine Lozenges Product Information: Active Ingredients: Cetylpyridinium Chloride 1.4mg, Benzocaine 10mg. Uses: Relief of pain and discomfort of throat infections. Dose: Adults and children over 12 years: One lozenge every 2 hours as needed but no more than 8 in 24 hours. Contraindications: Hypersensitivity to ingredients. Use in Pregnancy: No data but cetylpyridinium chloride and benzocaine have been widely used for many years without apparent ill-effects. Side-effects: Urticaria and other allergic reactions very rarely, transient burning sensation of mouth rarely, Methaemoglobinemia has been reported with benzocaine. Precautions: Label states 'If symptoms persist or are severe or are accompanied by fever, headache, nausea and vomiting, consult your doctor'. Licence Holder: Seton Products Limited, Tubiton House, Oldham, OL1 3HS. Product Licence Number/Legal Status/Price: PL 11314/0105, P, £2.25. Date of Preparation: July 1997. References: 1 Taylor Nelson AGB Counterpoint (Q1 1997). 2 Kagan G et al, J Int Med Res (1982) 10, 443. 3 Richards, RME Pharm Jnl Vol 242 No 6536 June 3 1989



# In the right hands

Stiefel Laboratories is launching a new treatment gel for itchy, irritating dry skin conditions on hands.

Oilatum Hand Aquagel should be applied to wet hands to provide rapid rehydration and long lasting relief from itching and irritation.

The product also protects against further drying to keep the hands soft and supple.

Suitable for all ages, it can be used by those

who come into contact with water daily, such as hairdressers and nurses.

The launch is being supported by advertising in the national press and key weekly and monthly magazines, as well as by a PR campaign.

Retail price is £3.89 for 50g.



**Stiefel Laboratories UK Ltd.**  
Tel: 01628 524966.

# Stepping into athlete's foot market

The Wallis Laboratory Ltd is launching a new GSL, clotrimazole-based cream into the athlete's foot market.

Available for own-brand, the Wallis Athlete's Foot Cream is a 1 per cent clotrimazole formulation which relieves the itching and soreness associated with the condition, as well as destroying the fungi *Tinea pedis* which is the cause of the

infection.

The 20g tube will retail at \$2.75.

**The Wallis Laboratory Ltd.** Tel: 01582 413614.



## Facing the All Blacks

Johnson & Johnson is advertising its Imodium anti-diarrhoeal product on posters for the first time. Targeting sufferers of performance anxiety diarrhoea, a 48-sheet poster with the message 'England may need a different pack to face the All Blacks' has gone up outside Twickenham rugby ground.

**Johnson & Johnson.MSD Consumer Pharmaceuticals.**  
Tel: 01494 450778.

## Bran Slim

Ceuta Healthcare has discontinued its Bran Slim 50s tablets but Bran Slim 100s are available.

**Ceuta Healthcare.**  
Tel: 01202 780558.

## New distributor

Alcon Laboratories will take over the distribution of Alomide from December 1.

**Alcon Laboratories (UK) Ltd.**  
Tel: 01442 341234.

## Batteries not included?

Duracell will be running a Dial-A-Cell service to publicise battery retailers who are open for business on Christmas Day. Retailers can register free by phoning their name, address and opening hours to the number below before December 17.

**Duracell (UK) Ltd.**  
Tel: 01892 510984.

## Royal jelly support

Regina Health is supporting its Equillence menopause health supplement with a free reader offer of one week's supply in *Woman's Realm's* December 9 issue. The offer will include a '£2 off' voucher to spend in all stockists.

**Regina Health Ltd.**  
Tel: 0181 446 6644.

## ON TV NEXT WEEK

**Alka-Seltzer X5:** All areas

**Beechams Flu Plus:** All areas except U, CTV, C4, GMTV

**Benlyin:** All areas

**Braun Sensation:** All areas except CTV, GMTV

**Braun Thermoscan:** All areas except C, Y, CAR, TT, C4

**Day & Night Nurse:** All areas except CTV, C4, GMTV

**Fetish:** All areas

**Gaviscon Advance:** All areas

**Ibuleve:** G, B, Y, TT

**Johnson's Baby Pop-up wipes:** All areas

**Meltus:** STV, B, G, C, Y, CAR, GMTV, Sat

**New Clearasil complete:** All areas

**Nurofen Plus:** All areas

**Otex:** G, B, Y, TT

**Pantene:** All areas except GMTV

**Prosport:** Sat (Sky Sports)

**Ralgex:** Sat (Sky Sports)

**Rimmel 1000 Caresses No Transfer Foundation:** All areas

**Tixilyx:** All areas except C4

**Vicks Sinex:** All areas except U & C4

**Vicks VapoRub:** All areas except U

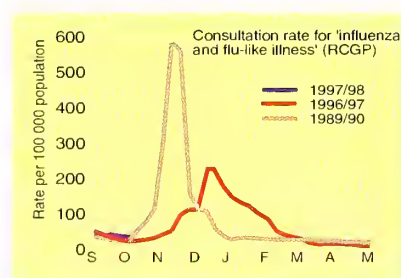
**Vicks New VapoSpray:** GTV, STV

**Wella Experience:** C4, HTV, W, M, LWT, C4, Sat

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire

# Flu Monitor

Information updated weekly by the Public Health Laboratory Service, London



## Activity across Great Britain

GP consultations in the RCGP scheme in England for flu and flu-like illness remain within baseline levels at a provisional rate of 36 per 100,000 for the week ending November 16. The incidence of aggregated respiratory disease (ARD) remains unchanged at 807 per 100,000. In the spotter GP scheme operated in Wales, the consultation rate was 2.2 per 100,000, a little higher than last week but still within baseline levels. Laboratory reports of respiratory syncytial virus activity (RSV - see last week's Flu Monitor) continue to be received in large numbers: 434 in week 47 and 406 the previous week, reflecting the seasonal surge in respiratory tract infections.

In the Scottish Sentinel scheme the consultation rate increased to 45 per 100,000 in the week ending November 7, but remains within baseline levels.

Data from the PHLS (Communicable Disease Surveillance Centre, Virus Reference Division, CDSC Welsh Unit), the RCGP and Scottish Centre for Infection and Environmental Health

Brought to you in association with



**'Helping pharmacists to better business'**



# Solpadeine

Paracetamol, Codeine, Caffeine



## The No 1 Pharmacy Analgesic\*

*Don't be fooled by the name...  
Solpadeine is not just a soluble analgesic!*



For the 8 out of 10 of your customers who prefer to take tablets or capsules Solpadeine is available in both formats.



**Solpadeine**  
the only pharmacy  
analgesic to offer  
all 3 formats



**POWER TO HIT PAIN...WHERE IT HURTS**  
Always read the label Ask your pharmacist for advice Solpadeine is a registered trade mark

\*Source: Nielsen pharmacy 1997

**Solpadeine Capsules, Solpadeine Soluble Tablets, Solpadeine Tablets Product Information.** **Presentation:** Each tablet, soluble tablet or capsule contains Paracetamol Ph Eur 500 mg, Codeine Phosphate Ph Eur 8 mg and Caffeine Ph Eur 30 mg. **Uses:** Migraine, headache, rheumatic pain, period pains, toothache, neuralgia, sore throat and feverishness, symptoms of colds and influenza. **Dosage and administration:** Adults and children, 12 years and over: Two capsules/tablets up to four times daily. Not more than 8 capsules/tablets in 24 hours. **Children under 12 years:** Not recommended. Soluble tablets must be dissolved in water before taking. Do not exceed the stated dose. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe renal or severe hepatic impairment, non-cirrhotic alcoholic disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine, monoamine-oxidase inhibitors. Not to be taken concurrently with other paracetamol-containing products, other sedating drugs or alcohol. Avoid in pregnancy unless advised by a doctor. Not contraindicated in breast feeding. **Solpadeine Soluble:** tablet contains 427 mg of sodium - Caution with salt restricted diet. **Side effects:** Paracetamol: rarely, hypersensitivity including skin rash, very rarely, reports of blood dyscrasias (not necessarily causally related). Codeine: constipation, nausea, dizziness and drowsiness. **Legal Category:** PC01. **Product licence No:** Capsules: 0071/0186, Soluble Tablets: 0071/5091, Tablets: 0071/0396. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Package quantity and RSP:** 12 capsules £1.99, 24 capsules £3.45, 72 capsules £6.99, 12 soluble £2.25, 24 soluble £3.69, 60 soluble £6.80, 12 tablets £1.99, 24 tablets £3.45, 60 tablets £6.50. **Date of last revision:** August 1997.



## Hot stuff

Carolyn Europe is supporting its Champ first aid range of hot and cold wraps with a £75,000 promotional campaign in sporting and retirement magazines.

**Chemist Brokers.**  
Tel: 01705 219900.

## New dressings

B C B has re-aligned the contents of its first aid kits to comply with new Health & Safety Executive guidelines. The new HSE dressings are 12 x 12cm medium pads (rsp £0.64) and 18 x 18cm large pads (rsp £0.97).

**B C B Ltd.**  
Tel: 01222 464464.

## Anti-ageing gift

Integra has launched its new Integra Plus face care system in time for the Christmas gift season, designed to reduce the visible signs of ageing. It retails at around £199.

**Integra.**  
Tel: 01277 208455.

## Trial aromatherapy

Intec Laboratories has introduced a trial pack for its De Valle 100 per cent Pure Essential Oils to introduce new customers to aromatherapy.

**Intec Laboratories Ltd.**  
Tel: 0161 727 8424.

## Wahl gives the ladies a close shave

Wahl Europe has introduced its Lady Shaver in the UK.

Designed specifically for women, this slim mains electric shaver measures 108mm by 54mm. It is designed to fit neatly into the hand with the sliding on/off switch positioned for easy thumb operation.

The shaver uses a triple cutting system. The central cutting foil is thin

# Crowning glory for Alberto VO5

Alberto-Culver has introduced VO5

Aromatherapy Creme into its Alberto VO5 range.

The premium priced, luxury product is formulated to moisturise and nourish the hair with a blend of proteins and pro-vitamin B5.

Natural extracts of the essential



oils help soothe and calm the mind to promote a sense of well being.

It comes in two variants – Eucalyptus & Juniper Berry to revitalise and add shine and Chamomile & Ylang Ylang to calm frizz and restore moisture.

The retail price is \$2.99 for three treatments.

**Alberto-Culver Company (UK) Ltd.**  
Tel: 01256 705000.

## Sensational hairdrying campaign for Christmas

Braun is supporting its new Sensation hairdryer with a \$500,000

national TV advertising campaign in the key Christmas selling period.

On air until December 14, the commercial features a young woman stepping out of the shower and drying her hair. The strapline is: 'It feels so good, you'll want to do it again.'

The advertising is designed to convey the enjoyment associated with the product's gentle massage sensation.

Designed to target women in the 18-35-year-old age group, the campaign is on ITV, Channel 4 and Sky satellite channels.

**Braun UK.**  
Tel: 01932 792131.



## Have you got the bottle?

Dendron is introducing a new Joe Bloggs men's fragrance range called Juice.

Aimed at trendy young consumers, the range is designed to be fun yet down-to-earth.

It comprises eau de toilette, cologne, anti-perspirant, body spray and hair and body shampoo.

Support for the range includes special edition gift packs, in-store promotions, a national TV campaign and print advertising using the tag line 'Have you got the bottle?'

Retail prices range from \$3.50 to \$9.99.

**Dendron Ltd.**  
Tel: 01923 229251.

## Relief for dry, chapped hands

E T Browne has added a concentrated hand cream to its Palmer's range of cocoa butter skin care products.

Cocoa Butter Formula Concentrated Hand Cream is formulated to heal and relieve severely dry, chapped hands. It is a fragrance-free moisturising treatment which is absorbed quickly to prevent cracking, roughness and flaking.

It contains vitamin E and an SPF 8 to screen out the sun's harmful rays.

Retail price is \$3.50 for a 60g boxed tube.

**E T Browne (UK) Ltd.**  
Tel: 0181 554 7000.



## ABBREVIATED PRODUCT INFORMATION.

### Tixilyx Catarrh

For the relief of chesty coughs, catarrh and nasal congestion. **Dosage:** Children 1-5 years 5 ml, children 6-12 years 10 ml. Administer four times a day. Not for children under 1 year of age. **CI:** Hypersensitivity, acute porphyria. **Precautions:** Caution in those having conditions aggravated by anticholinergic therapy, severe liver disease, severe kidney disease, severe lung or heart disease, asthma, thyroid disease or depression. Use with caution in those with hepatic failure. **SE:** Sedation is the most common effect. Occasionally, allergy, anaphylaxis and anticholinergic effects, tremors, paradoxical excitability, rash. **Interactions:** Tricyclic antidepressants, hypnotics, anxiolytics or antihistamines. [P]. PL 0427/0049. **PL Holder:** Rosemont Pharmaceuticals, Braithwaite Street, Leeds.

### Tixilyx Night-Time / Tixilyx Night-Time SF

For the symptomatic relief of cough and colds in children, especially useful for irritating night cough. **Dosage:** Administer two or three times a day. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity. **Precautions:** Caution in asthma, cardiovascular disease and epilepsy. If symptoms persist for more than 7 days consult a doctor. **SE:** Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, dizziness, palpitations, stomach upset and rash. **Interactions:** Alcohol, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines or opioid analgesics. [P]. PL 0030/0080 & PL 0030/0081.\*

### Tixilyx Inhalant

For the relief of head colds, catarrh, flu and hayfever. **Administration:** Babies 3 to 12 months: sprinkle contents onto a handkerchief. Place out of reach of the baby. Children 1 year and over: sprinkle onto bed-linen, pillow or night-wear at night. Tip the contents of one capsule into a pint of hot water and inhale the vapours. Always use under parental supervision. **CI:** Hypersensitivity. **Precautions:** For external use only, avoid direct contact with the skin, eyes or nostrils. **GSL.** PL 0030/0083.\*

### Tixilyx Daytime

A cough suppressant. **Dosage:** Administer six hourly as required. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** When cough suppression is inadvisable. **SE:** Nausea and drowsiness. [P]. PL 0030/0090.\*

### Tixilyx Chesty Cough

Relief of chesty coughs, hoarseness, and sore throats. Helps loosen mucus to make breathing easier. **Dosage:** Administer 4 hourly. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **Precautions:** Should not be taken with a cough suppressant. **GSL.** PL 0030/0082.\*

### Tixilyx Cough and Cold

Cough suppressant and decongestant. **Dosage:** Administer six hourly as required. Do not exceed three doses in 24 hours. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity, tachycardia and severe cardiac disorders. Those taking monoamine oxidase inhibitors or have taken monoamine oxidase inhibitors in the last two weeks. Not recommended during an acute asthmatic attack. **Precautions:** Caution with epilepsy, severe diabetes mellitus, hyperthyroidism and hepatic insufficiency. **SE:** Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, anxiety, restlessness, dizziness, stomach upset, palpitations, tachycardia and rash. **Interactions:** Monoamine oxidase inhibitors, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines, decongestants, or opioid analgesics. [P]. PL 0030/0089.\*

Retail prices – 1 £2.55 2 £1.75

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## DETTOL's Top First Aid Tips



A quick look in the average first aid kit would probably reveal that most families are not prepared for minor accidents. If your customer's first aid kit contains little more than a couple of Band-Aids, expired creams and a few paracetamol tablets, then it is time to recommend DETTOL Antiseptic Pain Relief Spray. DETTOL Antiseptic Pain Relief Spray contains both an antiseptic (benzalkonium chloride 0.198 per cent w/v and a local anaesthetic (lidocaine hydrochloride Ph Eur 2.2 per cent w/v), so it's one of the only first aid products they will need for their medicine cabinet.

From Reckitt & Colman's DETTOL, here is a reminder of some of the simple first aid do's and don'ts.

### Do

- Apply gentle pressure to cuts and grazes, and do not disturb clots.
- Wash small cuts and grazes with cold water to wash away any dirt.
- Ease bites and stings with DETTOL Antiseptic Pain Relief Spray, but remove any visible stings before application.
- Do not put anything on burns except cold water or an antiseptic spray.

● Take DETTOL Antiseptic Pain Relief Spray on holidays, especially if travelling to hot climates where cuts and grazes can become easily infected.

- For serious wounds, seek medical advice immediately.

### Don't

- Burst blisters or gouge stings with tweezers.
- Forget to take DETTOL Antiseptic Pain Relief Spray in the car, on holidays, or in the sports kit.
- Put off seeking medical advice from a doctor or pharmacist for serious wounds.
- Place anything on a burn or scald except cold water or an antiseptic pain relief spray.

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*DETTOL is a trademark. Always read the label.*

*DETTOL Antiseptic Pain Relief Spray is manufactured by Reckitt & Colman Products, Danison Lane, Hull HU8 7DS from whom further information is available on request, tel: 01482 326151.*

## Pharmacists kept in the dark about Famel dosage?

Because of the vigilance of a regular customer, the dosage of Famel catarrh and throat pastilles was recently brought to my attention. It reads as follows: 'Suck one pastille as required. Maximum dose two pastilles in 24 hours.'

Thinking that this must be incorrect – two in 24 hours does not conform to my idea of 'when required' – I queried the dose with Seton Healthcare.

I was assured by the company's medical information department that there had been a new dosage requirement because of the creosote content, and that 'two in 24 hours' was correct. I queried the fact that pharmacists had not, to my knowledge, been made aware of this new dosage.

When I stated that I would no longer feel able to recommend this product, I was told that the product was now discontinued. I queried this too, as I was again unaware of this fact, only to be told that Seton was allowing the re-labelled product to be sold through, but, in fact, the product had ceased factory production.

Surely the ethical (not commercial) decision would have been to withdraw the product totally, rather than re-label with such an odd dosage.

**Valerie McKinnon**  
Marchwood, Southampton

## Predictable problems with the patient pack initiative

I read Alan Milburn's letter and your comment (*C&D* November 15) on patient packs with a degree of *déjà-vu* and even, perhaps, cynicism.

For about four years, I was involved in discussions on patient packs and during that time a simple concept was replaced to produce a bureaucratic nightmare.

At the start, representatives of the pharmacy, the medical professions and the industry, with the Department of Health present, looked at the issues – legal, ethical, financial and educational – and produced a workable scheme.

Only then did the DoH start bringing up obstacles. It

wanted doctors, for example, to be in breach of their terms of service if they inadvertently prescribed a pack other than a patient pack. The DoH could calculate the extra cash that it might cost, but would not accept that there could be health gains and cost savings to outweigh those.

It is possible to go back to the original simple concept and implement the patient pack initiative within a short time. If this happened:

- the rules would be clear
- the pharmacist could dispense the nearest patient pack to the quantity ordered
- the industry could produce 28 day patient packs (as it is doing) with, in certain circumstances, a starter pack or treatment pack (eg seven days for amoxycillin)
- the doctor could prescribe in patient packs, but would know that if he or she inadvertently prescribed a non-patient pack amount, then the pharmacist would adjust
- In rare cases (for example, if suicide were feared) the doctor could indicate a precise amount to be dispensed (this, when it rarely happens in some other countries, involves the balance of the pack being

destroyed, but does allow the original package to be used).

Naturally, a few problems remain. Pharmacist issues such as: dead stock, hospital discharge quantities, emergency supplies and arrangements for monitored dosage systems, would still have to be solved, but these can only be tackled once the primary position is established.

We are in real danger of giving everyone the worst of all worlds because of the way government fails to attack the fundamental issue. I am not only blaming the politicians: ministers from both parties have welcomed policies, but have failed to control civil servants from adding one complication after another, thus producing an expensive and virtually unworkable system.

There are ethical patient information and safety issues involved. 'Snipping' of packs is not desirable; patient leaflets can back up information given by pharmacists; waste produced by loose and odd numbers of tablets is dangerous and expensive.

**D L Coleman**  
Stalham, Norfolk



Cheques totalling over £45,000 were presented to various charities and associations at the 17th annual ball of the Oshwal Pharmacists, held last Saturday. Main beneficiaries were the Veerayatr Eye Hospital in India – which received £30,000 to buy a 'Yag laser'; the British Heart foundation and the National Osteoporosis Society, which each received £7,000; and the Oshwal Association of the UK which received £1,000. Among the 230 people attending was guest of honour, Royal Pharmaceutical Society president Peter Curphey, who was presented with a cheque for £500 to go to the Commonwealth Pharmaceutical Association and another one for £250 for the RPSGB Benevolent Fund. The money has been raised by several social events held throughout the year, and by the TOP annual charity walk held each June. Pictured at the ball are (anti-clockwise from top) RPSGB president Peter Curphey and Judith Curphey; treasurer Hitesh Dodhia and Rajula Dodhia; president of the Oshwal Association of the UK Ashok Shah and Hansa Shah; secretary Dilip Maroo and Daksha Maroo; and chairman Mukesh Shah and Geeta Shah



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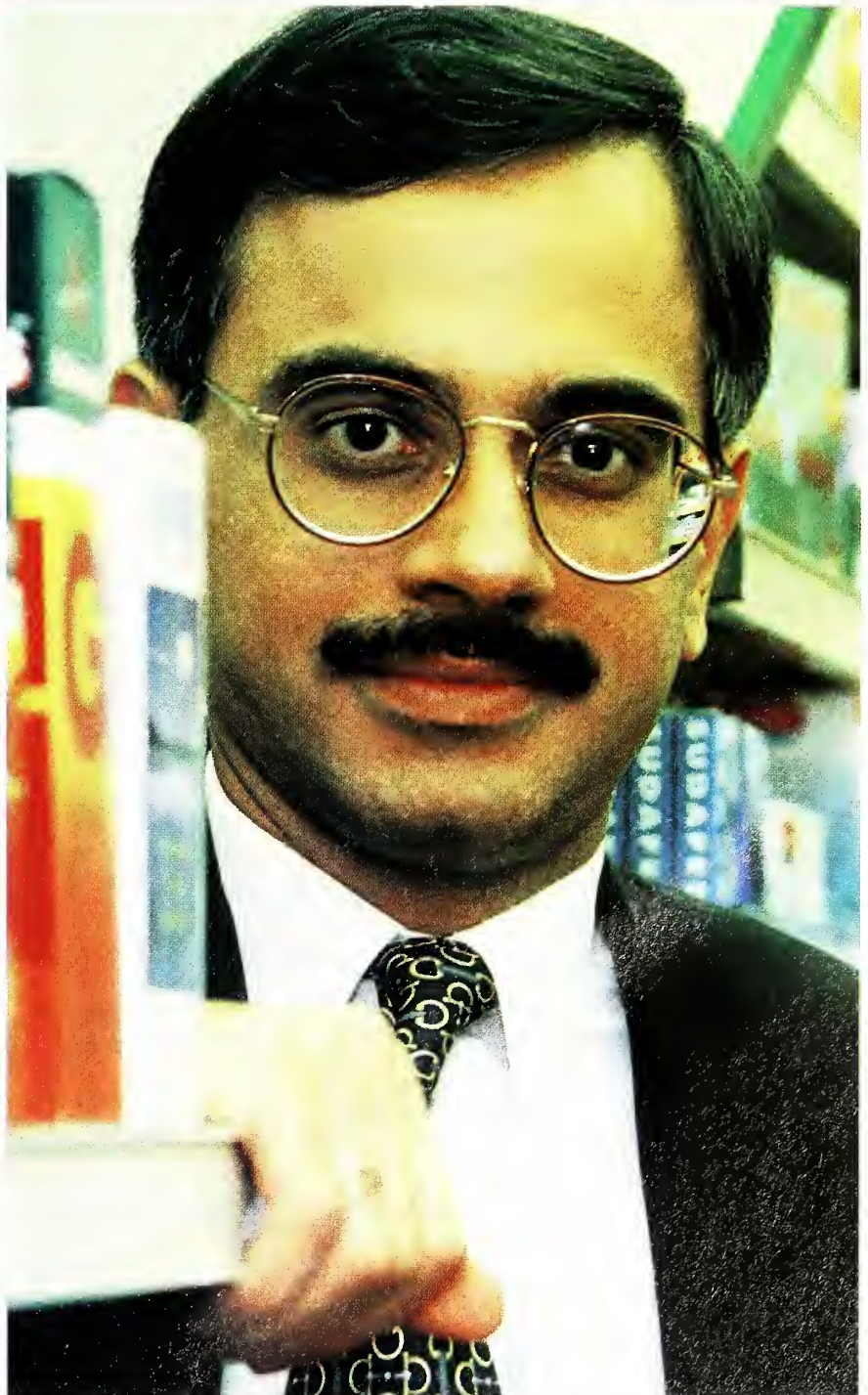
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Pharmacy Plus of Bristol has won the top prize in the 1997 Switch Independent Retailer Excellence Awards. The result places this pharmacy business among the cream of the UK's independent retailers

# Pharmacy Plus: top of the class

**T**ariq Muhammad is holidaying in the Middle East this week, but his vacation got off to a flying start when he collected a prize of \$5,400 at last week's Independent Retailer Excellence Awards.

The overall winner was a closely guarded secret until the minister for the regions, regeneration and planning, Richard Caborn, revealed all at last week's awards ceremony at the Savoy Hotel, London.

The judges were particularly impressed by the pharmacy's exceptionally high standards of staff training – "way beyond the norm, even by pharmacy standards" – and customer service. There is a large training room, and computer technology is used in innovative ways to enhance customer service.

One judge, whose mother is an invalid, picked out the display and stock of invalid care items as the best he had yet seen.

The pharmacy was praised for its interior appearance and use of floor space. "It gives the customer a feeling of confidence ... there is room to move around, or sit and wait," said the judges.

In conclusion, they said: "Tariq



Tariq Muhammad, proprietor of Pharmacy Plus in Bristol, receives his award from the minister for the regions, regeneration and planning, Richard Caborn, at the Savoy in London last week

Muhammad has put his head around the corner and looked at the future. He is now well on the way to providing some of the future, here, today."

High praise for a business that was founded only in 1994, when Mr Muhammad took over a run-down pharmacy in the Bedminster area of Bristol.

Since relocating to new premises in a more promising position in January 1995,

turnover has increased by 500 per cent, and additional pharmacies – in Clifton and St Anne's – have been added to the business.

"We want to promote the professionalism of pharmacy services," says Mr Muhammad. "Unlike many other pharmacies, we do not aim to increase profit by stocking a wide range of products with no direct relevance to health. We put the emphasis on our role as



The Switch Independent Retailer Excellence Awards seek to recognise retailers who offer a high level of professionalism and customer service. *Chemist & Druggist* has sponsored the Award in the pharmacy sector for the past four years.

The awards cover nine retail categories including books and stationery, DIY and gardens, hotels and restaurants, electrical, leisure, hair and beauty, grocery and convenience, and furnishing and household goods.

Three retailers from each category were shortlisted and visited by British Chamber of Commerce judges. These finalists were invited to the Savoy last Thursday to hear the names of the category winners and the overall winner.



The other two pharmacists to reach the finals in the pharmacy category were Pravin Shah (above right) of the Centra Pharmacy in High Wycombe, and Gurdeep Chahal, pictured above left with his wife Nirmla, of Duran Drive-Thru Chemist in Norton Canes.

The Centra Pharmacy concentrates on NHS services and boasts the most extensive range of perfumes and fragrances in Buckinghamshire. Mr Shah has also invested in a new computer package which provides high quality plastic PMR cards. He promotes it as "a credit card for free advice".

The Duran Drive-Thru Pharmacy was last year's pharmacy category winner but has not rested on its laurels. Boots the Chemists has been giving the drive-in approach some attention, and a 'know how' deal has been concluded with Finnish pharmacists.

Proprietor Gurdeep Chahal has also been putting a lot of effort into ensuring that his businesses – he has four pharmacies altogether – are well prepared to cope with the electronic transmission of prescriptions, once the NHS Executive gives the go-ahead

part of the community's health services."

Chiroprody services are offered from the Bedminster pharmacy, and a physiotherapist operates out of the Clifton branch. Consulting rooms are available for hire by other health professionals.

Mr Caborn said it is important that independent retailers' views are heard, since, as a group, they are important in revitalising town centres.

"We have not 'gone soft' on out of town shopping. We want to encourage the development of town centres for retail, business and leisure," he said.

The government will be making some statements soon on town centre management, and planning policies will be reviewed in "the early part of next year", he said.



I was pleased to be given the opportunity by *Chemist & Druggist* to bring together these three articles which, in their different ways, illustrate the work of the Prescription Pricing Authority and its view of the future.

I also recently received another welcome invitation to attend the British Computer Society's 1997 Information Technology Awards ceremony where awards are given for excellence and innovation in computing encompassing social benefit and business value.

I was delighted that, at that ceremony, a team of officers from the PPA was presented with the BCS medal and award for the EPACT (Electronic PACT) system, which was developed to give immediate prescribing and cost information feedback to doctors and health authorities.

Following up on that theme, Douglas Ball examines the further possible developments in electronic data interchange over the next ten years or so for the transmission of prescribing and dispensing data, while Martin Bennett adopts the same



futuristic viewpoint as he takes a personal look at the community pharmacy ten to 15 years on.

While these two articles look at a brave new world, Christine Dalton, after only a couple of months at the PPA, takes the opportunity to bring us back to the present as she compares her thoughts and experiences from her career first as a community pharmacist, then as a pharmaceutical adviser to a health authority, and finally as the director of pharmacy services at the PPA in Newcastle.

**Alan Hilton**  
Chief executive  
Prescription Pricing Authority

## Prescription processing in the year 2007

The technology exists today to eliminate the prescription form.

**Douglas Ball**, director of information technology at the Prescription Pricing Authority, gives a futuristic view from the the year 2007 ...



Douglas Ball

**E**lectronic data interchange and the year 2000 problems provided the impetus for suppliers to rewrite their systems.

Recognising the need to meet the standards and protocols defined by the NHS Executive, the GP and pharmacy system suppliers revolutionised their systems using Internet technology, virtual computers and Java programming language.

They created 'software hooks' allowing them to insert the appropriate software from certification authorities. For example, the rules for producing electronic prescription records, the paper prescription, and also the Drug Tariff rules and encryption software now come directly from the Prescription Pricing Authority.

Some years ago the PPA began certification of all software involved in the production of an electronic prescription message to ensure the consistency and compatibility of the message received.

Continued on P20 ►





◀ Continued from P19

There is no longer the need to upgrade GP and pharmacy computers when new applications and facilities are required. The extra computing power is supplied automatically by the NHS Net or the host computer to which they link.

GP and pharmacy systems use their link to the NHS net to gain access to advice on prescribing and dispensing, while the GP/pharmacist conducts the patient consultation. Patient records have been centralised to enable authorised access to the relevant elements by healthcare professionals after proper authenticity checks are carried out.

The adoption of smartcards by banks to cut down on credit card fraud provided the infrastructure for the NHS to introduce the patient entitlement (smart) card. All patients now carry their own card which holds personal details, health entitlements and identifies their local GP and pharmacy where relevant. These details are updated at any GP or pharmacy by the PPA which acts as the central record repository. The card is also used to carry prescription details.

There are two separate areas for prescription details. The first gives information on repeat prescriptions and period of treatment, with the frequency of repeat prescriptions which cannot be changed except by the GP.

The patient does not need to visit the surgery for further repeats until those on the card have been exhausted. Repeat protocols have been determined by the NHS Executive to ensure

that a GP has to see the patient before any further repeats can be issued.

The second area is a transient prescription area for recording acute prescriptions. The next time the patient visits the GP, the acute prescription details are overwritten. GPs are still issuing paper prescriptions on home visits, although hand-held terminals are soon to be introduced.

A copy of all prescriptions produced in the surgery is sent electronically to the PPA and where there is a pharmacy shown on the card, prescription details are sent directly to that pharmacy, but the patient does not have to rely on this to receive medication.

The pharmacist's system has a similar level of sophistication. Their role as first 'port of call' for the patient has increased, as more medicines have become available over the counter. It is important that they offer up-to-date advice to their customers.

They can access the patient's centralised record file to carry out drug interaction checks if required. They can also access information from the national drug information databank for particular treatments when they first dispense a new drug.

Pharmacists receive prescription details in three forms:

- an electronic advance notice for repeat prescriptions
- by the patient visiting the pharmacy and presenting their patient entitlement card
- by paper prescription.

When the pharmacy system receives electronic notification of a prescription it first checks the Drug Tariff software from the PPA to determine what can be

dispensed and what will be paid. It then carries out an automatic stock check to see if the medication is available. If the patient does not collect the prescription, it is released back into stock.

The pharmacist can decide which drug to dispense or allow the default option in the software to apply. If the item is not in stock, the pharmacy system will place the order with the cheapest supplier for the product which meets the pharmacist's requirement. The pharmacist no longer has to plough through price lists or deal directly with drug suppliers or wholesalers.

The systems communicate electronically and place orders without the need for human intervention once the pharmacist has set his program's purchasing authorisation limits. The patient then has to present a paper prescription or their patient entitlement card.

The pharmacist swipes the card as authorisation to dispense the drugs or endorses the prescription form with his dispensing details. This also marks the prescription items as being dispensed.

Each evening the dispensed details are sent electronically to the PPA. Ambiguous scripts are wired back the next day for clarification. At the end of the month a small number of paper scripts are sent to the PPA for payment.

To complete patient episode

## The introduction of electronic prescribing was painful for all concerned

information, patients have to use their card for OTC purchases, which are then added to their record. This has helped reduce drug abuse and provided information on drug induced diseases.

With the

advent of electronic prescribing, the Drug Tariff went through a major review. Payments for dispensing electronic prescriptions are now being made within two weeks of dispensing. A small number of paper prescriptions are paid one week after the month in which they are dispensed.

The provision of better diagnosis and outcome data has led to some major reviews of what was considered best practice at the end of the 20th century. Patient fraud has been reduced, although there have been some sophisticated attempts using EDI.

The introduction of electronic prescribing was painful for all concerned. The first two years after implementation following the EDI trials in 1998 proved the importance of having an NHS body that could determine standards while at the same time being pragmatic enough to meet operational needs.

The participants now agree that they underestimated the work involved and their systems were not ready until after the year 2000. It was having to solve the problems in a live situation which gave the necessary impetus to make EDI work.



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\* Nielsen Retail Audit Pharmacies excluding Boots, July/August 1997



# 2010: a space oddity

**Martin Bennett, who was managing director of Associated Chemists (Wicker) in Sheffield in 1997, comes back from the future ...**



Martin Bennett

**Y**ou'll not be surprised to find that the profession still appears to be 'at the crossroads', but perhaps what you are more interested in is the way that things have changed.

If you were transported to 2010, what are the main differences you would see? Well, despite the forecasts from the doom merchants, there are a similar number of pharmacies to that in 1997. The main difference is distribution and space.

Following the resolution of the difficulties with dispensing surgeries, we have seen a wider, planned re-distribution of pharmacies across the country. The acceptance of the pharmacy as 'the first port of call' for all medical needs, coupled with the replacement of the NHS Selected List with a 'white list' of approved medication, has changed the manner and availability of many products.

Deregulation has also helped, so that most pharmacies now have a healthy private practice which includes counter prescribing and supplies of non-NHS products.

GPs, or primary care consultants as they are now known, along with practice prescribers (formerly practice nurses) and pharmacists are allowed to prescribe any preparation (within their appropriate sphere). However, only those in the white list

are available via the NHS at a standard price of 5 ECU. All others have to be purchased privately.

The other major change is that each primary care locality is run by a board of governors which includes professional and patient representatives. These PCLs have the job of providing the best possible health service for their locality based on locally identified needs.

Getting back to the pharmacies themselves and the changes: the whole pharmacy is now devoted to healthcare. The community pharmacist is still the most accessible of all the healthcare professionals and practises in surroundings that fit the bill.

The pharmacy is now considered to be the patient's first point of contact with the formal health service and each pharmacy offers a variety of services alongside the core role of 'dispensing prescriptions' (we still use this archaic term despite the fact that over 90 per cent of items are obtained by electronic data transfer and processed by our prescriptionists).

Each pharmacy has a different mix of services depending on the local requirements as determined by the PCLs, but all neighbourhood health shops, as some are called, have a relaxed atmosphere with comfortable seating and a private consultation area.

Most employ more than one pharmacist and up to three prescriptionists, and three medication advisers per pharmacist.

Associated Chemists (Wicker) Ltd is a consortium pharmacy set up in 1951 to provide an extended hours service to the Sheffield

area. All community pharmacy contracts are now held by the pharmacist and each 'contractor pharmacist' in Sheffield is a shareholder in Associated Chemists, which provides a 24 hour dispensing service for the Sheffield Community Pharmacy Network.

The pharmacy is situated close to the city centre and has around 12,000 sq ft of space on the ground floor, with a further 5,000 sq ft of office accommodation, a closed dispensary and meeting rooms at first floor level.

The premises also house the Sheffield Mobility Shop which employs a further 20 specialist staff.

Inside is a large air-conditioned waiting area. There is a health information video running and the latest touch screen information retrieval system which allows virtually any booklet or information guide to be retrieved and printed in seconds.

One pharmacist spends much of her time helping patients understand and judge the vast amounts of information currently available. A Diagnosticscope machine is available to provide patients with blood levels of medication, disease screening, weight measurement, and a selection of biological tests and data. Again a pharmacist is on hand to give expert guidance.

There are three private areas within the pharmacy: a semi private consulting area, where medication advisers and phar-

## The whole of the pharmacy is now devoted to healthcare

macists interview customers and prescribe items; a fully private area, for use by appointment only; and a third room, used purely for treating patients wishing to withdraw from various addictions (eg tobacco, alcohol, recreational drugs).

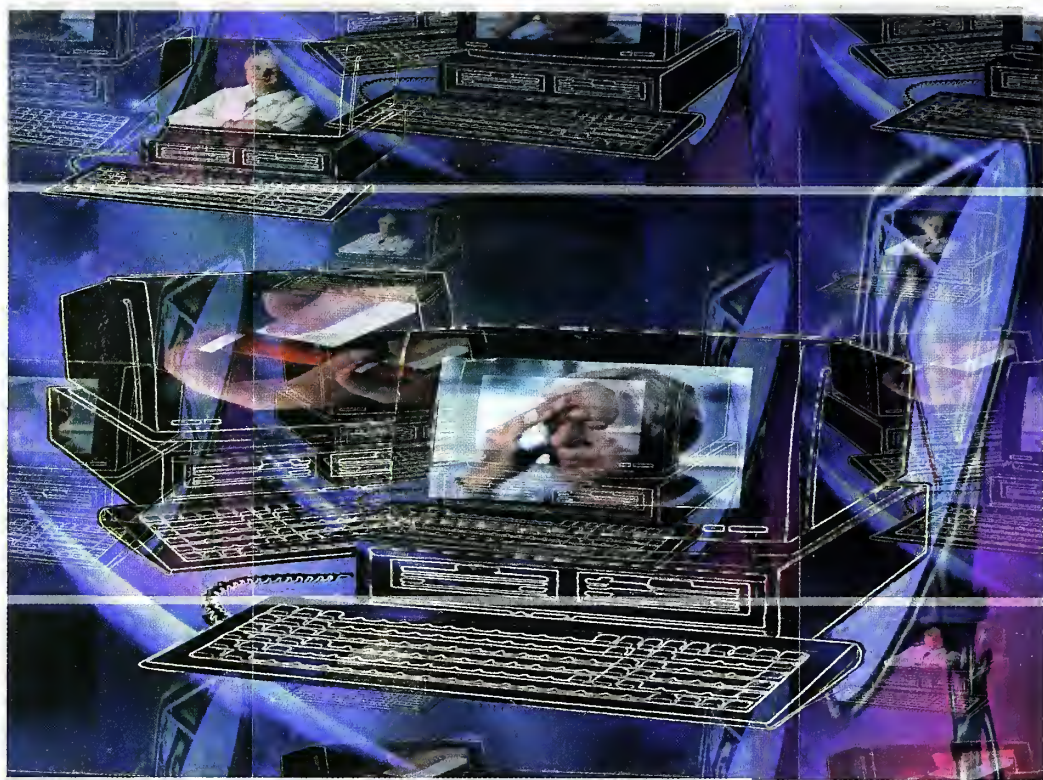
Throughout the day prescriptions arrive via the national computer link and are dispensed and checked by prescriptionists using bar code readers as a means of quality assurance. This information wings its way back to the EDTA (Electronic Data Transmission Authority - formerly the PPA).

We then receive a daily fee payment straight into our bank account. Payment for the drugs themselves goes to the manufacturer, while the regional distributor receives an agency fee.

The prescriptionists work to strict protocols and make the pharmacist aware of anything outside their remit. Additional payments are made for interventions, detecting forgeries and generic or therapeutic substitutions agreed with the prescriber.

Access to the National Personal Health Database via the patient's PIN number allows previous OTC and prescribed medicines to be viewed, plus certain areas of a patient's health history. Treatment these days is seen as more of a partnership with the prescriber (be it GP, practice prescriber, pharmacist or medication

Continued on P24 ►





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adviser) working closely with the patient to choose the most appropriate treatment.

Many of the prescriptions are delivered, particularly to senior citizen's hotel complexes (formerly known as residential or nursing homes).

Our peripatetic consultant pharmacists spend most of their days away from the pharmacy. We offer specialist advice to SCHCs, schools, 'drop-in centres' and industry on health and first aid. Other activities include a palliative care service, domiciliary support along with 'hospital at home'.

Surgery medication advice that began in the 1990s continues to flourish. Educating the patient is a major theme and our meeting rooms are regularly used for this.

The consultant pharmacists also liaise with our shareholder network pharmacists throughout Sheffield, enabling every pharmacy access to their specialist knowledge when required.

There are five specialist pharmacies in Sheffield, each majoring in slightly different areas. The remaining 100 community pharmacies continue to provide a full service but refer patients requiring more detailed assessment to the specialists.

Our pharmacy specialises in mobility products and we work closely with therapists who issue vouchers towards the cost of rehabilitation equipment.

There is very little cash handling these days. Customers prefer to use credit cards or 'money cards' containing cash credits which can be 'spent' in shops via an electronic reader.

Many of our orders for OTC medication are direct from the customer at home via our computer link. The ability to access the National Personal Health Database before delivery has made this a safe practice.

You may well see this as pharmaceutical Nirvana, but we are not too happy at the moment, as we feel that more money should be spent on pharmacy services.

Where did the original investment come from to uplift the profession? The Pharmaceutical Services Negotiating Committee pointed out that if 10 per cent of the discount clawed back in the 1990s was re-invested into pharmacy patient care, then there was the potential for big health gains.

Noel Baumber, a member of PSNC, devised a scheme where the money re-invested had to be used for improvements to patient care. A fund was set up and individual community pharmacists had to apply for patient care funding. Imaginative schemes were developed and the profession took off. The fund was known as 'The Phantasy Pharmacy Phund'!

# A poacher turned gamekeeper

**After 18 years working as a poacher in various guises, a pharmacist has 'turned' and has now joined the gamekeepers!**

**A**fter just two months working at the Prescription Pricing Authority, I am able to draw on my previous experiences as a community pharmacist, pharmaceutical adviser and hospital pharmacist. I can give my impressions of the organisation from each of these standpoints and contrast them with how I see it now.

The PPA has always been a faceless building, located just off the Tyne Bridge. While I was a community pharmacist, I didn't even know that there was a pharmaceutical directorate, even less that pharmacists worked there.

These were people, who for no apparent reason, made me count prescriptions, divide them into 'exempt' and 'paid', and then sort them into GP bundles. The prescriptions were returned to me more often than I care to admit.

I frequently felt my work was marked; score achieved 5 out of 10! There was a book, the Drug Tariff, that should have given me all the answers. "Learn what is in there and you can't go wrong," was the advice proffered. Well, it never seemed to resolve the issue.

Perhaps using the book as a divider between the dispensing bags was not giving it the credence it deserved. If only 'they' could understand the difficulty that patients and GPs present. Just getting the original prescription for the bandage is a challenge, never mind having to return it to the GP to have the size added! Oh, to be at the sharp end of healthcare!

A change in direction, to pharmaceutical adviser, followed. Life must improve, no demanding patients, vast quantities of information available from the PPA, time to think, time to consider, no longer at the sharp end.

What did I find? Lots of paper. PPA – Plenty of Paper Available. Level 3 PACT data arrived by the box load. It was necessary, and the only mechanism available, to investigate the prescribing habits of GPs. So there it was: paper, pencil and calculator.



**Dalton: drawing on experience**

And when I was tired of that there was more – Regulation 36 refer-backs.

"What are you going to do about these?" asked the faceless PPA.

"I don't know. It's Dr X and he will have an amazingly good clinical reason, if not a direct request from the hospital consultant, to prescribe the offending product."

My requests to the PPA for comparative data from the vari-

**The PPA has managed to retain some important and 'old fashioned' characteristics**

ous areas across the country were met with a consistent and resounding 'no'.

"But I need to compare the prescribing patterns in my patch with those in similar parts of the country. Not with the fictitious national average."

"The information is confidential! You can't have it!"

"But it doesn't identify a patient, a GP or a practice."

"No."

In hospital, the PPA took on a lesser significance. The odd enquiry – "Can product x be dispensed on FP10?" – was handled efficiently enough when I reached the correct help desk. How many help desks are there in that place? Do I want Bridge House or is it Scottish Life House?

Code requests for FP10(HP) pads were also handled efficiently. A pity that it took so long to return the schedules of dispensed FP10(HP)s. Invariably, the junior doctors who abused the system had moved on as part of their six month rotation.

The hours I spent scrutinising those prescriptions were not the

most productive of my time. Ah, but life is about to improve, roll on PACT for hospitals.

"Yes, it's almost available."

"Yes, you can have access to it."

"When is it available?"

"Soon."

"When?"

"Soon, soon." ... I was still waiting when I left that job.

Now I am a gamekeeper. Why the change? Well, if you can't beat them, join them. The faceless organisation now has a face and, more importantly, a body and soul.

While responding to the changes within the Health Service, the PPA has managed to retain some important and 'old fashioned' characteristics. Civility and a respect for the individual are immediately obvious, and there is a willingness to listen to individuals from within and outside the organisation, as well as a willingness to adapt to changing demands.

Central to the functioning of the organisation is a pharmaceutical directorate that includes two pharmacists. It is here that the organisation's Acts and Regulations are interpreted. Staff update the primary care drug database and perform a quality control function on the processing of the 500 million prescriptions per year undertaken by processing divisions up and down the country.

The IT infrastructure to support processing and the information provision is spectacular. Two terabytes of data are held and computer manipulated in specially controlled environments. The developments in response to changing demands continue, with direct payments to contractors, a fraud investigation unit, and longer term concepts for electronic transfer of data.

The constraints are those central to the NHS. Concern about funding, the need to balance autonomy with some degree of centralised NHS Executive control, and concern over how best to utilise the vast quantity of data to the benefit of the NHS organisation as a whole and to patient care in particular.

The poacher's earlier lack of understanding suggested a faceless, almost dodo-like, organisation. How wrong that was. The gamekeeper now knows that there is a lively forward thinking and adaptive organisation willing to rise to the challenges provided within the NHS, willing to work with others in the development of better information services and ready to co-operate with all of the NHS in the move towards an electronic world.

*Christine Dalton is director of pharmaceutical advisory services at the Prescription Pricing Authority*



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# Year of living dangerously

**Generic producers may have captopril and a form of ranitidine, but in other respects, they have been besieged on various fronts: promotional schemes, the patient pack initiative and brand equalisation deals. Guy L'Aimable reports**

**W**hat a year of surprises. Everyone knows the Government is committed to being open, honest and frugal. But no-one in the drugs industry foresaw the consequences of that attitude.

An early result was the Medicine Control Agency's warning

on promotional schemes to healthcare professionals. New Labour, for all its outward openness, displayed a distinct sleight of hand by leaking details of the warning to the national press first.

Astonished drug executives and industry representatives were given the full, holier-than-thou Fleet Street treatment when they opened their morning papers. A couple of days later they received the MCA's letter. The MCA blamed the badly timed affair on an administrative error, but the damage had already been done.

Companies hastily revised their promotional schemes and sought guidance from the MCA. In November they are still waiting for that clarification. It may come soon – Baroness Jay, the junior health minister, said earlier this month that the MCA is going to issue further guidelines.

One murky area is discounts. More specifically, can companies offer discounts on drugs when they are forbidden, under the directive 92/28/EEC, from offering 'direct or indirect financial inducement'?

As Andrew Kay, president of the British Generic Manufacturers' Association, asked Numark delegates at its annual conference: "If the role of discount as an inducement to prescribe, sell or supply medicines really comes under detailed scrutiny, might we see an end to discounting altogether?"

For that matter, will the Government end the discount claw-

back? It could if it interpreted the directive literally, according to Alan Smith, the BGMA's technical director.

Mr Kay, who is also managing director of APS/Berk, says the MCA's attitude raises a wider issue concerning self-regulation. "The Government doesn't see self-regulation as the way forward. Where does that leave the code of practice authority of the Association

of the British Pharmaceutical Industry (ABPI), when the MCA is handing down edicts from above?"

Brand equalisation deals have already been covered comprehensively in past issues (see C&D, November 8, p26). The generics industry has told the government bluntly how it feels. Norton Healthcare is confident the Government will examine this practice and others.

The latest furore, of course, concerns the Government's doubts about the patient pack initiative (PPI).

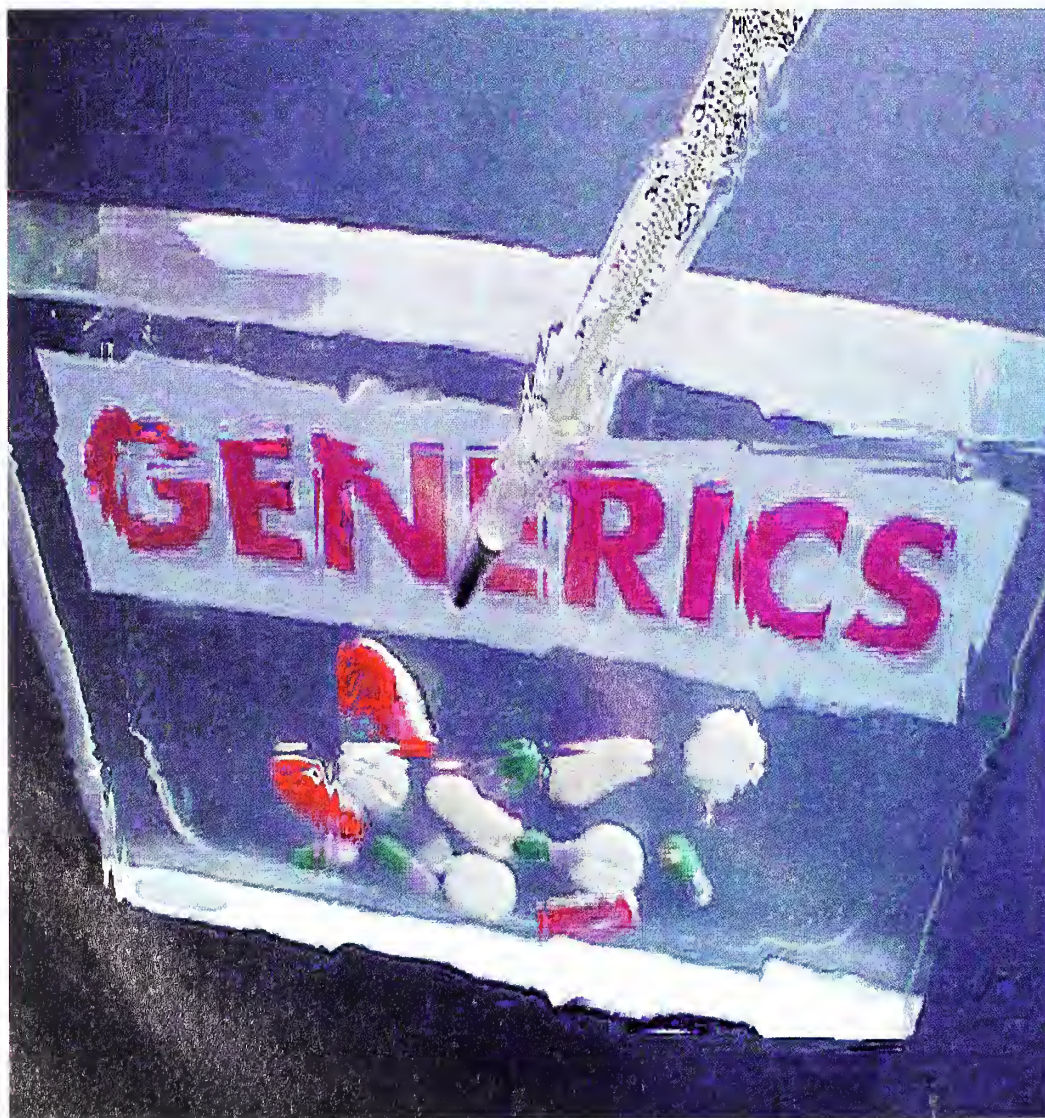
Alan Milburn, the Health Minister, says the scheme in its current form does not improve the current system. It is too bureaucratic, complicated and costly. DoH estimates suggest PPI costs will range between \$60m and \$70m during the transitional period. This is a lot higher than the drug industry's estimate. The ABPI is examining the DoH's calculations.

Mr Milburn says he is looking at alternative means of implementing the scheme. As we go to press, no-one knows whether he wants to replace the scheme or modify it.

Either way, the industry is exasperated. Having invested a lot of money and time on the scheme, albeit with the previous Conservative government, it does not want to see its hard-fought framework demolished.

The problem is that the drug industry and professional bodies are still unsure where the government stands. They have had general platitudes but few firm details. Perhaps they should brace themselves for more surprises in future.

**The drug industry and professional bodies are still unsure where the government stands**



3D sculpture: Paul Demuis

Continued on P28 ►



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## Generic companies will use countries with cheap labour

More generic companies will, within a few years, source their production from outside the European Union (EU).

APS-Berk, which is owned by Israeli-based Teva, says companies will use the cheap labour of countries in central and Eastern Europe, India and the Far East to cut costs. Polish wages, for example, are said to be one-third of the UK level.

The regions' relatively favourable patent laws are another attraction for UK generic manufacturers.

Few APS products are produced outside the EU, but it admits the situation could change.

◀ Continued from P26

## Bucking trend

Bucking the trend typifies the generics market this year. Look at Bristol-Myers Squibb's captopril and Glaxo Wellcome's ranitidine (Form 1), both of whose patents have expired.

True to form, captopril attracted at least ten generic suppliers in the week its patent expired. Within one day its price fell from \$9 to \$2.30. Not everyone's fingers were burnt. Martin Bilbie, Bartholomew Rhodes' director of new business development, was one example. "We pulled the plug on our generic captopril launch six weeks before it was due, even though we had spent \$40,000 on a bio study, because we knew it would be a blood bath," he says.

As pharmacists are aware, ranitidine's price has remained relatively high for months. Why? Due to an inspired mixture of clever marketing and discreet arm twisting.

By common consensus, GW is producing most of the ranitidine in the UK and there are only limited stocks. That scarcity has helped to keep its price relatively buoyant.

Mr Kay says the company is also keeping away potential generic competitors by the implied threat of legal litigation. GW markets ranitidine form 2, whose patent runs out on 2002. The company, according to Mr Kay, has said it will check generic ranitidine products to ensure they do not have traces of Form 2.

"If it finds traces of form 2, the guilty company could be taken to court for infringement and it would have to pay the potential profits GW 'lost' on its form 2 product; plus the court costs, which could be up to \$500,000," he says.

Ranitidine is no ordinary patent expiry. "It's a big risk to take [for a generic competitor] and people have been frightened off."

Not that everyone is complaining. Nigel Fox, Norton's communications' director, speaks for many. "We've got a level playing field in the ranitidine market, where it's a product worth selling. We're making reasonable money out of it and it hasn't been destroyed."

Ranitidine's 'honeymoon' period may not last much longer. Ethical Generics reckons that the product's price has been falling monthly by 5 per cent and that, by the end of the year, it will not be worth much.

The drug's path may be a one-off, but Mr Kay says other drug companies may follow GW's route when their patents expire. 'Branded' companies are already using other initiatives to keep the generic wolves

at bay. One is called 'evergreening', where a company modifies its product as the patent is due to expire. A drug produced as a tablet, for example, could be changed to a capsule. That means a generic modelled on the original formulation would not resemble the new formulation.

"Innovators [drug companies] are doing deals with modified release technology companies because they want to extend the life of their molecules," says Mr Kay. "It's fair game if the product is superior, but I think it's more a straightforward dodge."

Evergreening is more widespread in the US, he adds, but it would threaten the growth of the UK generics market if it became popular here.

Another potential pitfall concerns process and formulation patents. In the former, the branded drug company protects the process in which a drug is produced, whereas a formulation patent covers the drug's physical composition, such as its coating.

Drug companies, according to Mr Kay, could challenge generics on these patents, and are therefore concentrating in these areas. "It means generic companies would have to find completely new ways of producing products protected by these patents, which would be difficult and expensive," he says.

Life in the generics market, which is never easy, looks set to get tougher just when the market is growing.

Last year, about 58 per cent of prescriptions were written

generically and 46 per cent dispensed generically. The balance comprises proprietaries still under patent.

Generic prescribing is set to fall more than 60 per cent of prescriptions this year – in some surgery practices it exceeds 80 per cent. The level is slightly lower than 60 per cent in Scotland and about 40 per cent in Northern Ireland. It is still on course, according to the industry, to reach 70-75 per cent nationwide by 2000.

## Expansion

APS Berk believes expansion is inevitable, particularly as more than 100 products' patents will expire by 2005.

Whether pharmacists will benefit from this is debatable, according to Andy Coyne, group sales manager of Doncaster Pharmaceuticals. "From a supplier's point of view, pharmacists seem hell bent on a

kamikaze path to price destruction," he says. "Generic suppliers are falling over themselves to sell them products – as a result, they push every supplier for their best price, irrespective of their buying power."

The irresistible surge for discounts has been exacerbated, he adds, by the expansion of buying groups. "The Drug Tariff falls in response. Pharmacists then complain bitterly about the resulting fall in profits and try to negotiate even better prices," he says.

Pharmacists know that size means power. Bartholomew Rhodes is not the only company to feel the clout of Hills/Lloyds. "If you have their business – that's great. If you haven't, you're locked out. These chains have big chunks of the market and they work us hard for our prices."

Norton says some pharmacists buy high quality products and can afford to do so. Others, however, have to look for discounts because their retail profits are under pressure. "They have a moral dilemma because they're being forced to buy cheap to prop up their profits," says Mr Fox. "So they're not buying the quality of products they prefer."

With such pharmacists, he adds, customers could receive different generics every month because the pharmacists may be swayed by particular inducements. He says this should not be allowed to happen.

Large retail groups, whether chains or buying groups, would not fall into this trap because their bulk buying ensures a continuity of supply.



Andrew Kay, president of the British Generic Manufacturers' Association

## Niche power

Niche generic companies will benefit from current generic market trends, according to Bartholomew Rhodes.

The company, which has about 30 products and specialises in respiratory products, says some generic companies are too large to bother with the markets that interest niche players. Such markets may be worth only £1 million, according to Martin Bilbie, BR's director of new business development.

"Some of the bigger companies are even dropping products from their lists because they're not economic. That gives us more scope in these areas," he says.

APS/Berk, one of the biggest players in generics, denies it is ignoring these £1 million niche markets. "We've got at least two products that will fit into those areas," says Andrew Kay, its managing director. "If you can launch a product in a market where there are few competitors, you stand a better chance of making more money. So we don't mind making products for niche markets."

Norton Healthcare says patient packs could reduce the number of niche companies. For logistic reasons, it says, pharmacists would prefer to buy from a single source instead of many. Niche players' businesses could therefore collapse, unless they could provide national daily deliveries and guarantee products.



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#### **Special warnings and special precautions for use**

Mesalazine should not be used in those with impaired renal function unless considered essential.

#### **Interaction with other medicaments and other forms of interaction**

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Mesalazine may aggravate the symptoms of colitis, especially in patients who have experienced such problems during sulphasalazine therapy.

#### **Presentation and basic NHS cost**

Blister packs of 120 tablets. List prices: Mesalazine Enteric Coated Tablets 400 mg: List £39.90

#### **Marketing Authorisation Holder & Number**

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Mesalazine Enteric Coated Tablets 400 mg: PL 0289/0258

Legal Category **POM**

Date of Revision: July 1997



# Patent problems

**What are supplementary protection certificates and how do they affect the generics industry?**

**Trevor Cook explains**

**A** Supplementary Protection Certificate (SPC) is essentially a mechanism for 'extending' certain pharmaceutical patents, which would otherwise expire, for up to five years beyond their original 20 year term. But unlike similar patent extension provisions in the US, it does not alter the law on what is, and what is not, experimental use. This is particularly relevant to generic companies who want to launch their versions when a drug's patent expires.

The SPC regulation came into force throughout most of the European Community in January 1993. Next year the regulation will be implemented in EU countries, such as Spain, where its introduction had been delayed.

It is an infringement of a patent – and an SPC – to make, use, sell or supply a substance or article that falls within the scope of a claim in that patent or SPC. But before a company sells or supplies drugs, it needs a marketing authorisation and, to achieve this, will often have to use that substance or article in various tests.

Most patent laws state that so called 'experimental' use is not patent infringement. But what is regarded as experimental use? That practice is obviously important for the drug sector, which conducts trials to satisfy the requirements of regulatory authorities before a drug can be launched.

The English case *Monsanto vs Stauffer* in 1985 – concerning pesticides – was one of the first to explore the scope of experimental use. Until relatively recently the case's outcome remained a generally accepted statement of the law throughout Europe, including the UK. Drug companies could not cite 'experimental use' as an excuse for infringing the law when they were seeking regulatory approval.

This previously accepted principle has been thrown into doubt by two recent decisions of the



**Launching a generic version of any drug after the expiry of a patent is not as simple as it sounds**

German Federal Supreme Court. The first – in July 1995 – concerned Gamma-interferon. The Court said this was different to the *Monsanto* ruling, which was based on the assumption that the only basis of the trials was to generate data for the regulatory authority. In the Gamma-interferon case the trials had a dual purpose: discovering if and in what form the active was suitable for curing or alleviating other illnesses; and submitting this data to the regulatory authorities. A company may therefore have an overall 'non-experimental' purpose, but its experiments could still infringe patent or SPC law.

This case's circumstances were special because neither the patent-holder nor its licensee had their own regulatory approval, so the defendants had been the first to launch the product.

Another case – April 1997 – concerned erythropoietin. The Court decided that clinical trials on a version of erythropoietin, which was glycosylated differently to the version used to get the drug's first authorisation, did

not infringe the patent claim, even though the trials concerned indications for which erythropoietin was already known and authorised.

Both of those cases were in the biotech field. With small molecules, however, the alleged infringer will often be trying only to emulate trials which have already been conducted by the originator. If in the case of medicinal products, the alleged infringer cannot take advantage of the 'ten year' rule, or conduct bioequivalence or stability tests, there's a case for arguing the alleged infringer is not investigating an unknown in the same way as in biotech cases.

## Does it infringe?

Generic companies can apply for a marketing authorisation before patent expiry on the basis of 'essential similarity' and/or on the basis of test data generated in a non-patent jurisdiction. In one English case (*Upjohn vs Kerfoot*), it was specifically held that the mere act of applying for a marketing authorisation, where this did not involve any trial

activity in the UK or the submission of a sample, was not itself an infringement.

You do not generally need to submit samples to secure a marketing authorisation for a drug in the UK.

In contrast, cases in which it has been held or argued that the company applying for a marketing authorisation before patent expiry had infringed (*ICI vs Pharbital* and *Medicopharma* in the Netherlands, for instance), the decisions reflect the view that a company applying for marketing authorisation in some countries must give the regulatory authority a physical sample of the infringing material – which is regarded as a non-experimental use.

The Dutch approach was challenged in *Generics BV vs Smithkline & French Laboratories Ltd*, which was referred to the European Court of Justice (ECJ) in autumn 1995. In July this year, the ECJ adopted a position favourable to the research side of the industry. It decided that the Dutch Courts' practice – where samples submitted to regulatory authori-



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Date of Preparation: February 1997

For further information please contact: Bartholomew Rhodes Ltd.,  
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ties were said to be infringing the patents if these patents were still running – was justified under the Treaty of Rome.

However, the ECJ's decision mainly concerns European jurisdictions that need samples before they can grant authorisations. Submission of the sample – in cases that concern applications for marketing authorisation – is the critical factor in establishing an infringement.

This was shown by another recent decision in the Dutch courts – Wellcome Foundation vs Centrafarm – which proceeded on the basis that although the application was filed before the patent expired, the samples were submitted after it expired. The samples were not considered an infringement, therefore, even though they were connected to the application and part of the same 'transaction'.

## Springboard

By infringing shortly before a patent expires, a company obtains a 'springboard', but how should that benefit be penalised, and how should the damage to holder of the patent or SPC be compensated?

One approach is the 'post patent expiry injunction', which has had success in some countries. In the German Ethofumesat case, which concerned pesticides, an injunction was granted

which extended beyond the patent expiry to compensate for the springboard gained by undertaking trials while the patent was in force.

Dutch Courts prevent a generic manufacturer from doing anything that would infringe a patent within 14 months of its expiry. This assumes the manufacturer had obtained a 14-month springboard by submitting a sample to the Dutch regulatory authorities (a requirement in the Netherlands) during the patent's life.

The legality of this practice has, however, recently been confirmed by the ECJ in Generics BV vs Smithkline & French Laboratories, in which the Hoge Raad had (in addition to the point about the submission of samples constituting infringement) referred the whole question of whether it could, in the light of the Treaty of Rome, grant such 'post expiry' orders.

Once again, this decision favours the research side of the drugs industry. However, its application has limitations. It permits a court to make such an order where the court has a tradition of doing so. But it does not oblige courts to make such orders and, for this reason, it is unlikely to have much effect in England, where such orders are unknown.

*Trevor Cook is a partner in the law practice Bird & Bird.*

# Reasons to be cheerful

**A**s Genus Pharmaceuticals approaches its first birthday – it was founded last January – Colin Darroch, its business director, can reflect on an eventful year.

The company, a subsidiary of Wyeth Laboratories that specialises in unbranded, multi-sourced products, hit the \$1 million mark for its monthly turnover in September. Its sales rate will rise again soon because it aims to introduce seven unbranded and three Pharmacy-only products.

Genus' best selling product is ranitidine but, unlike some other generic companies, it has not had to worry about infringing Glaxo Wellcome's form 2 patent because its version is produced by Canada-based Novapharm. The Canadian company won a

US court case in spring, during which it argued that its ranitidine was not the same as Glaxo Wellcome's form 2 product.

Genus sees itself as a niche player that is breaking new ground. While it is looking at new areas, such as injectibles, it is still interested in established products. "We also want to maintain some of the older brands that are nestling in the cupboards of multinationals," says Mr Darroch. "Some of these brands could be discontinued if we did not take them up."

While Genus has the luxury of Wyeth's backing and resources, it cannot afford to let its costs run free. It is therefore talking to companies outside the European Union to outsource some of its products. Genus could also deal with EU companies who

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Colin Darroch, Genus Pharmaceuticals' business director

already have links with non-EU manufacturers.

About 50 per cent of its products will be produced this way eventually. Mr Darroch says the company has been forced to go down this path. "We're driven to do so by UK legislation. It's a shame, but you cannot afford to sit on the fence and launch a product a year after everyone else," he says.

The company, meanwhile, has succeeded in being more than a mere generic supplier. So far, it has run six pharmacy training courses and will run another two before the end of the year. Next year it has earmarked 12.

Mr Darroch says pharmacists have enjoyed the courses, partly because the training has concentrated on practical matters. Pharmacists, for example, deal with real prescriptions during the training. Another badge of approval is the accreditation of the College of Pharmacy Practice.

Next year Genus will launch a marketing course. "It's not a merchandising course - anybody can merchandise. It will be a two day residential course that will train pharmacists to market themselves better to their customers," says Mr Darroch.

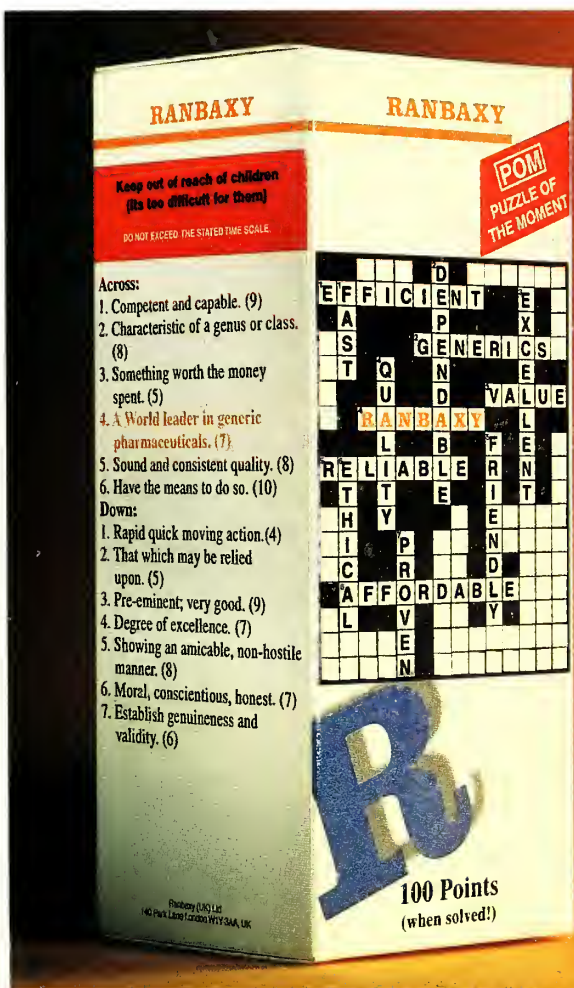
Genus will be working closely with Portsmouth University, as it has done for other courses, and is talking to a trained marketer. The number of marketing

courses it runs will depend on how much funding it has, but Mr Darroch would like to run six a year. Genus may charge a small registration fee to guard against pharmacists not turning up. Mr Darroch says this is unfair as there are long waiting lists.

Meanwhile, it expects to decide who will run its community pharmacy practice research projects by Christmas. The company is talking to three local pharmaceutical committees who, it says, have excellent ideas. It wants to ensure the studies it chooses offer the best value for pharmacists.

Working within the generics industry, Mr Darroch is frustrated by its reactions to government initiatives, such as the promotional clampdown. The industry has to recognise, he says, that changes are occurring and it is in its best interests to work within them. While sympathetic to the industry's difficult working environment, he believes it could do more to help itself. "Too many companies deal with the high volume end of the market. There's more to the market than that - quality is also important. The industry is often its own worst enemy," he says.

Still, Genus should not worry providing it remains on the same track. As Mr Darroch explains: "We're delivering what we said we'd deliver."



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## PMI launches 24 hour claims hot line

A free 24 hour helpline for insurance claims will be launched on December 1 by Pharmacy Mutual Insurance (PMI).

PMI, which is affiliated to the National Pharmaceutical Association, says the helpline will offer advice on many types of emergencies, not just those covered by an insurance policy. Policy holders will be put in touch with approved repairers and contractors.

The helpline will provide 24 hour contact with PMI's loss adjusters. It says its policy holders will initially have to pay the call-out charges and repair costs, which can be recovered, providing the incidents are covered by their policies.

Policy holders can call the helpline at: 0800 7317591.

PMI is sending details of the improved service to its shareholders. The move follows the launch of a 24 hour telephone-operated scheme by Redline Business Insurance.

### IN BRIEF

#### Government launches web site

**Pharmacists and other small businesses can get information about government regulations on a new Internet site. The site has more than 600 items ranging from tax returns to dealing with employees' maternity leave.**  
<http://www.open.gov.uk/gdirect>.

#### New Shire address

**Shire Pharmaceuticals has moved to: East Anton, Andover, Hants SP10 5RG and its new customers' services telephone number is 01264 348562.**

#### Sterling headache for Glaxo

**Glaxo Wellcome's sales rose 7 per cent to £6,711 million for the 10 months to October 31 – at constant exchange terms. But the figure represents a fall of 3 per cent in sterling terms. If the October sterling level remains constant until the end of the year, it will top off the equivalent of 8 per cent of GW's profits.**

#### ACT tax to go in April 1999

**Gordon Brown, chancellor of the exchequer, will abolish Advanced Corporation Tax from April 1999 and install quarterly payments for corporation tax. Small businesses (taxable profits less than £300,000) will not have to make quarterly payments, but there is only partial exemption from medium sized companies (taxable profits between £300,000 and £1.5 million).**

# Unichem merges with Alliance Santé group

Unichem is set to become a major Pan-European wholesaler after agreeing to merge with Alliance Santé, a European healthcare group.

The merged company, to be called Alliance Unichem, is forecast to earn pre-tax profits of \$102.2 million – before restructuring costs – on sales of \$4,890 million this year.

Unichem says its own pre-tax profits will top \$59 million for the year to December 31.

Alliance Santé (AS) is one of Europe's largest pharmaceutical wholesaling groups. Its French subsidiary, Alliance Santé France (ASF), is the country's second-largest drug wholesaler, after Gehe, with a 30 per cent share of the market. And its Italian arm – Alleanza Salute Italia (ASI) – is the largest in the country with a market share of 18 per cent. The group also has wholesaling interests in Portugal, Greece, Spain and Morocco.

The proposed directors of the new company reckon that revenue benefits and cost savings from the merger will add \$5 million to its pre-tax profits within one year.

Unichem's shares leapt 58p to 346p at the news and, by the end of last week, they had risen to 350p.

There are plans to float Alliance Unichem on the Paris Bourse next Spring.

Unichem says it chose Alliance partly because it already knows the group's management and understands how the company works – both companies have been involved in a Portuguese joint venture, Unichem-Alliance Santé Portuguesa, since January.

Stefano Pessina, who founded Alliance, will transfer Alliance Santé Luxembourg (ASL), a holding company, to Unichem in return for a 36.8 per cent stake in Unichem, representing 104,634,177 new ordinary shares.

ASF has 4,900 employees and 66 warehouses serving about 15,000 pharmacies. It reported pre-tax profits of Ffr306 million (\$31.3 million) on a turnover of Ffr24,017 million for the year to December 31, 1996.

ASI has a workforce of 900 and 49 warehouses dealing with 8,500 pharmacies. Its consolidated pre-tax profits topped



Jeff Harris, Unichem's chief executive

Ffr58 million, while its sales were Ffr5,895 million for the year to December 31, 1996.

Unichem's European wholesaling ambitions have been clear since it lost its bid for Lloyds Chemists. As a founder member of IPSO, a consortium of eight major European pharmaceutical wholesalers, Unichem has been picking out European wholesaling trends and gauging how it could take advantage of them.

As Europe's pharmaceutical markets take the long path to harmonisation, manufacturers already want wholesalers to provide Pan-European marketing and distribution services, plus market data from the main European markets.

That is what Alliance Unichem aims to provide, according to Jeff Harris, Unichem's chief executive. "Our aim will be very much to improve the service we give to manufacturers as a wholesaler, extending our marketing policies across Europe," he says.

Unichem also wants to export the marketing skills it has developed in the UK. "But it won't all be one way. We could adopt good wholesaling ideas from France and Italy," he says.

A larger company means more clout. "We should be able to seal better deals outsourcing products. Potentially, long term, we could do better with our own label range," he adds.

Alliance Unichem will also give Unichem's pre-wholesaling ambitions – distributing products direct from manufacturers' plants – a big boost.

Mr Harris says the merger will have little impact on Unichem's UK operations. And the partners do not plan widespread rationalisations. In the long term, he says, Alliance Unichem will probably take on more staff.

When European pharmacy markets are deregulated, which could take a long time, Unichem's expertise in offering loan guarantees to pharmacists could prove crucial. But Mr Harris stresses the deal is not designed to help Unichem buy pharmacies abroad. "We don't see ourselves as a presence in European retail pharmacy," he says.

The group could acquire other drug wholesalers to expand its share of fragmented markets, such as Italy, Portugal, Spain, Greece and Morocco.

Unichem has restructured its board to reflect the merged group. Mr Harris is in charge of the group's day to day activities. Mr Pessina has been appointed deputy chairman, where he will be responsible for the group's European strategy and development.

Antonin De Bono, ASF's president, joins the board to supervise the group's activities outside France and Italy. Ornella Barra, ASI's president, also becomes a board member responsible for Italy.

Joaquin Garcia Vela, president of Spanish wholesaler SAFA Galenica, and Patrick Ponsolle, Eurotunnel's chairman, have been appointed as non-executive directors.

Kelvin Hide, formerly Unichem's commercial director, is retiring for health reasons. Also retiring are David Mair, formerly acting chairman, and Neil Chapman and Michael Smith, who were non-executive directors.

Unichem will hold an extraordinary general meeting soon to seek its shareholders' approval for the merger.

● John Jaquiss has been appointed financial services manager of Unichem's wholesale division. He will manage and develop the company's financial services for community pharmacies, including its loan guarantee scheme. Mr Jaquiss was formerly Unichem's retail finance manager for Southern England.





## Advance trade this Christmas

Ho. Ho. Ho. The heartburn season is coming. And with it you can expect plenty of Gaviscon Advance trade.

Gaviscon Advance combines the fast soothing benefits of original Gaviscon Liquid but also provides an even stronger, longer lasting barrier.

What's more, Gaviscon Advance gives effective relief in 84% of patients,<sup>1</sup> and 92% satisfaction among trialists.<sup>2</sup>

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to profit on this advanced pharmacy only heartburn remedy.

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**Indications:** Gastric reflux, reflux oesophagitis, heartburn including heartburn of pregnancy, hiatus hernia, flatulence associated with gastric reflux. All cases of epigastric and retrosternal distress where the underlying cause is gastric reflux. **Dosage instructions:**

Adults and children over 12: 5-10ml after meals and at bedtime. Children under 12: Only on medical advice. **Contra-indications:** Hypersensitivity to any of the ingredients. **Precautions and warnings:** 10ml liquid contains 4.6mmol (106mg) sodium and 2.0mmol (78mg) potassium. **Side-effects:** Very rare hypersensitivity reactions. **Retail price:** 140ml £3.90. **Marketing Authorisation:** 0063/0097. **Supply Classification:** Pharmacy Medicinal Product.

**Holder of Marketing Authorisations:** Reckitt & Colman Products Limited, Donsom Lane, Hull HU8 7DS. Gaviscon and Goviscon Advance and the sword and circle symbol are trademarks. Date of preparation: November 1997. **References:** 1. 2. Data on file, Reckitt & Colman Products Limited. 3. RSL Research Ltd July 1997.

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# Boots trials personalised vitamin scheme

Boots is testing a computer scheme that offers a vitamin and supplement package tailored to suit each customer's particular needs.

The scheme is being piloted in two stores in Peterborough and Cardiff.

Each store has a computer screen in its healthcare department and a Vitaplan consultant, who takes various lifestyle details, such as diet and exercise, from the customer and programmes the computer. Each customer then receives a Vitaplan personal supplement sys-

tem, consisting of a 28-day pack of vitamins and supplements.

All the details are saved for future purchases and if the customer's lifestyle changes, they are advised to tell the Vitaplan consultant, so that the pack's contents can be altered accordingly.

A similar concept has proved popular in the US, where it was originally tested by General Nutrition Stores (GNS). The company opened five prototype stores and intends to trial it in 30 stores – under the Live Well name – by the end of the year, and in 300 next year. GNS has about 4,000 stores

in the US. It intends to eventually roll-out the system in all of them.

Its UK arm, which has 18 stores and plans to open 300 by 1999, will introduce the concept into the UK in the 'long term'.

Mac Cato, a consultant who specialises in brands, says the scheme would equally suit UK community pharmacies, particularly as they rely on the personal touch to attract customers.

"You would need only the support of a national wholesaler, who could give economies of scale and provide the necessary hardware and software," he says.

## UK drug sales in top form

UK pharmacies had the fastest growing drug sales in Europe for the year to September, reports market researcher IMS.

Their sales rose 8 per cent to \$7,526 million during the period, compared with the same period in 1995/96. That rate was matched only by Spanish pharmacies, whose sales grew to \$4,893 million.

Pharmacists in Germany, Europe's biggest drug market, are finding life tougher. Their sales remained flat at \$14,917

million. Sales in France, meanwhile, rose only 3 per cent to \$14,128 million.

Cardiovascular drugs remain the most popular in the UK – their sales grew 13 per cent to \$1,450 million. Sales of alimentary/metabolism drugs rose 4 per cent to \$1,438 million. Diabetes drugs have performed particularly well in this category, according to IMS. And worldwide sales of diabetes drugs have grown 18 per cent, partly due to recent launches.

## Numark offers CFC-free Salbutamol inhaler

Numark shareholders can obtain exclusively the Airomir inhaler, described as the only CFC-free Salbutamol inhaler on the market.

The buying group says its 1,081 shareholders can dispense the Airomir Inhaler 200 dose against generic CFC-containing Salbutamol inhaler prescriptions.

3M, which produces the inhaler, is giving each shareholder a Freedom 2000 pack containing background information and patient support leaflets.

## AAH wins Parke-Davis contract

AAH Hospital Service will deliver Parke-Davis' hospital products exclusively from December 1.

Parke-Davis is the ethical division of Warner Lambert and previously delivered direct from its warehouse in Pontypool.

AAH, whose hospital service is based in Cheshire, says each of its nine warehouses has its own dedicated hospital service staff.

## Manek issues growth fund brochure

Manek Investment Management (MIM), the new fund management company set up by pharmacist Jayesh Manek, has published a brochure for Manek Growth Fund, its first unit trust.

The initial offer period runs from November 26 until December 16. Mr Manek's MGF comprises:

- investment for long-term capital growth primarily in UK quoted companies
- minimum initial investment of £1,000
- minimum subsequent investment of £500
- a regular savings plan – monthly minimum of £50

## COMING EVENTS

### MONDAY, DECEMBER 1

#### Derby Branch, RPSGB

Kingsway Hospital, Derby, 7.30 for 8pm. 'Mental healthcare in the community'.

#### Hertford Branch, RPSGB

John Radcliffe Hospital, Oxford, 7.30 for 8pm. Chiltern Regional 'A Cure for AIDS'.

#### Harrow Branch, RPSGB

John Radcliffe Hospital, Oxford, 7.30 for 8pm. 'Advances in the treatment of AIDS'. Dr Chris Conlan and Mel Snelling.

#### Slough Branch, RPSGB

John Radcliffe Hospital, Oxford, 7.30 for 8pm. 'The Chiltern Regional Lecture'.

#### Oxfordshire Branch, RPSGB

John Radcliffe Centre, Oxford, 7.30 for 8pm. 'The Chiltern Regional Lecture'.

#### W Wales & S Powys, WCPPE

Narberth. 'Medicines management: ophthalmology'.

#### NICPPET

Newtownabbey. 'Information technology: MS Excel (spreadsheet)'.

### TUESDAY, DECEMBER 2

#### N Wales & N Powys, WCPPE

Rossett, Nr Wrexham. 'Dementia and Alzheimer's disease update'.

#### South East Wales, WCPPE

Cwmbran. 'Repeat prescribing'.

### WEDNESDAY, DECEMBER 3

#### N Wales & N Powys, WCPPE

St Asaph. 'Hepatitis C and its implications to needle syringe users/needle syringe exchange'.

#### NICPPET

Newtownabbey. 'Information technology: e-mail and the Internet'.

#### Bath Branch, RPSGB

Pratts Hotel, Bath, 8pm. 'Paracetamol Poisoning – The Inside Story'. Roger Jones, managing director, Penn Pharmaceuticals.

### THURSDAY, DECEMBER 4

#### W Wales & S Powys, WCPPE

Swansea. 'Medicines management: ophthalmology'.

### FRIDAY, DECEMBER 5

#### NICPPET

Belfast. 'Law and ethics (pre-registration students)'.

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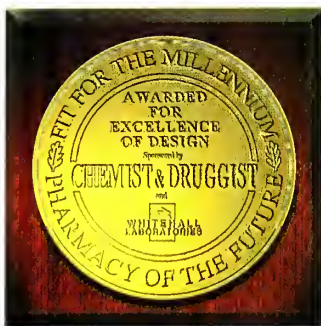
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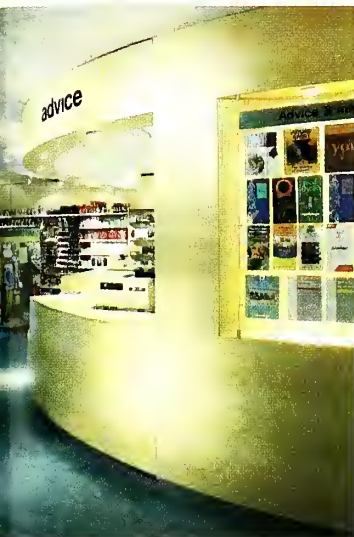
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# Fit for the Millennium

The hunt is on for the pharmacy of the future. If you have designed or refitted a pharmacy between January 1996 and December 1997, then you are eligible to enter the fifth Shop Design Awards co-sponsored by *Chemist & Druggist* and Whitehall Laboratories. With prize money totalling £5,000, we are looking for pharmacies fit for the millennium



**Fit for the Nineties:** Hills Pharmacy, Sowerby Bridge, designed by Alexander King Associates of Skipton, N Yorks

**R**etailing, as any community pharmacist knows, is about getting the right mixture of merchandise, display, price, service and environment.

The Shop Design Awards concentrate on environment. For a pharmacy this means matching retailing needs with those of a health professional, demonstrating the premises' unique position as a healthcare provider.

The four previous Shop Design Awards have produced an impressive array of entries – from both multiples and independents.

This year's Awards are open to newly fitted out pharmacies or those that have undergone a major refit, and those where a

new shopfront has produced the right result. Work must have taken place during 1996 or 1997.

Prize money totalling \$5,000 will be awarded to the first and second placed entries in the two categories, but all those who enter will receive a certificate.

Innovation and a focus on the desired outcome will count more with the judges than resources.

So if your pharmacy has recently been given a new look, tell us about your achievement.

## Categories

1. Newly opened pharmacy or a refit involving all or a major part of the shopfloor.
2. A new shopfront.

## Eligibility

1. Pharmacy proprietors
2. Pharmacy managers
3. Shopfitting companies
4. Shop designers/planners. (Managers, shopfitters and designers should obtain the owner's permission before submitting an entry).

## How to enter

Entrants must describe, in no

more than 500 words, the principle objectives of the work undertaken and how they were achieved.

Entries should be backed up by photographs and plans to help illustrate the concept for the refit, its implementation and the outcome.

The judges will be looking for:

- an innovative approach
- creation of a professional image
- partial refits and shop fronts in sympathy with existing fittings and local environment
- evidence that the refit has been planned bearing in mind the services the pharmacy provides, its merchandise range, customer type and locality
- cost effective results.

## Prizes

**1** £2,000 for the winning pharmacy in category 1 (new pharmacy or refit of major part of the shop floor), with £1,000 for the runner-up and plaques for both.

**2** £1,300 for the winning pharmacy in category 2 (new shop front), with £700 for the

runner-up and plaques for both.

Shopfitters/designers of the winning and runner-up entries will receive a certificate and the right to use the Award emblem in promotional material. All entrants will receive a certificate of entry.

## The rules

Work on the refit must have taken place between January 1, 1996, and December 31, 1997.

Entries must be typewritten on A4 paper and accompanied by an entry form giving the category entered and the address of both the pharmacy and the shopfitter/designer.

Entry forms are available from Jan Powis at *Chemist & Druggist* (tel: 01732 364422), Don Sibley at Whitehall Laboratories (tel: 01628 669011) and from Whitehall sales representatives.

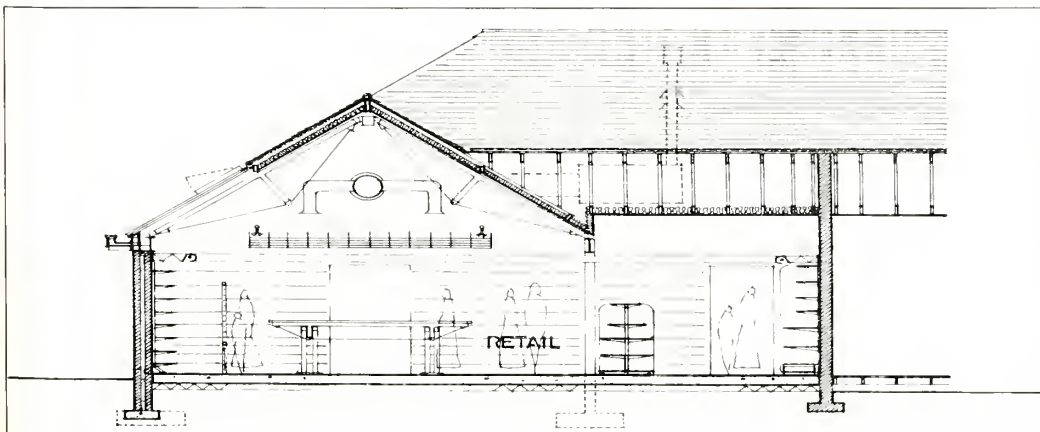
Entries should be sent to 'Fit for the Millennium', *Chemist & Druggist*, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

The closing date for entries is January 30, 1998.

Judging will take place on February 13. The judging panel will be drawn from the pharmaceutical profession and the shopfitting industry. The sponsors will be represented by Patrick Grice, editor of *Chemist & Druggist* (non-voting chairman), and Steve Dickson, director of pharmacy sales, Whitehall Laboratories.

The winners will be invited to an Awards Luncheon, and the results announced in *Chemist & Druggist* prior to April 30, 1998.

*Chemist & Druggist* retains the right to publish details of any of the entries submitted.





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\* Source: Martin Hamblin Readership Survey

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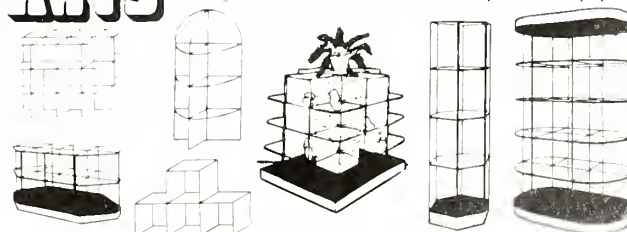
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# The healing hands of the Vatican

**Even popes and cardinals need medicines. Felix Corley looks at the work of the Vatican pharmacy, providing medicines to citizens and employees of one of the world's smallest and most unusual states**

**T**he Vatican is a village within a city, an independent state and the headquarters of the Roman Catholic Church. It may have fewer than a thousand citizens and occupy only 0.44 sq km, but it has its own post office, duty-free shop, fire-station, jail – and pharmacy. The pharmacy is a busy place: between 1,500 and 2,000 people come for prescriptions or medications each day.

Located in a modern, utilitarian building in a small street within the walls of the Vatican, the pharmacy can be reached through St Anne's Gate on the right side of St Peter's Square. Ever since it was first established in 1874, it has been run by the brothers of the Hospital Order of St John of God. The brothers live above the pharmacy, with their own living quarters and chapel.

In addition to working in the pharmacy, the brothers are also called on as infirmarians during all papal masses and audiences. They also serve as infirmarians at conclaves called after the death of a pope, when more than 100 cardinals – many of them aged – are confined sometimes for days or even weeks until they have chosen a successor.

The pharmacy's director, Australian-born Brother Fabian Hynes, has worked there since 1955, although many years in Rome have not blunted his Australian accent. Born in Sydney, Brother Hynes took a pharmacy degree at Sydney University before entering the order in 1950. He wears a white coat over his black cassock to work.

Eight of the pharmacists are monks, but they also employ ten lay pharmacists, five of them full-time and five part-time. "It is only in the past 18 years that we have had lay pharmacists here," says Brother Hynes. "Before that they were all from the Order."

All the lay pharmacists have trained in the Italian system. There are another dozen administrative staff. In keeping with Roman tradition, the working day includes a two and a half hour siesta period in the early afternoon. The pharmacy is closed on Saturday afternoons and, of course, on Sundays.

The largest single group of the 10,000 or so patients is represented by current and retired Vatican employees and their families. Other patients include tourists who may have lost their medication while in the city.

But the patient who arouses the most interest is the Pope. There has been much speculation over the past few years about the state of health of Pope John Paul II and what medicines he may have been prescribed. But the pharmacists have remained admirably tight-lipped. All medicines prescribed for the Pope are carefully noted in a special book.

Vatican employees automatically enter the City to reach the pharmacy, showing their passes to get through. But other visitors must show a doctor's written prescription, for which they will receive a pass to proceed beyond the Swiss Guards at the city gates.

Until 1874, the Pontifical Court and Holy See employees who lived in the Apostolic Palaces bought medicines either at pharmacies near the Quirinale Palace, then a papal residence, or near what is now Vatican City State. For evening emergencies a Carmelite Brother, armed with medical supplies from the convent pharmacy of Santa Maria della Scala in Rome's Trastevere neighbourhood, set up shop near St Anne's Church in a room belonging to the Swiss Guards.

By 1874, it became clear that a well-organised pharmacy service on Vatican premises was needed, and the brothers of the Hospital Order of St John of God were entrusted with the task.

Initially, the pharmacy operated only during the evening and night hours: doctors were also present for emergency services. In 1917, Pope Benedict XV gave the Fatebenefratelli a new and larger site, allowed the pharmacy to open during the day and permitted Romans as well as Vatican residents to make purchases.

Premises changed in 1929 with the creation of Vatican City State, and again in 1933 when the new



**Although the Vatican (above) has fewer than 1,000 citizens, between 1,500 and 2,000 people come to its pharmacy (right) for prescriptions or medications every day**



Rule for Vatican Health Services came into force. The pharmacy then moved to the Belvedere Palace, where it is today.

Vatican employees – current and retired – pay only a small charge when a medication is prescribed by a Vatican doctor, typically about £1. "There is a health fund in the Vatican to which everyone from cardinals to street sweepers contributes two per cent of their salary," Brother Hynes explains. "The Vatican puts in the rest."

As the Vatican is an independent state, it is not subject to Italian law, and medicines sold in the pharmacy do not need to comply with Italian regulatory provisions. This means that quite often the pharmacy carries medicines not yet licensed in Italy.

One of these is the drug Donepezil, used to treat Alzheimer's Disease. "As an inde-

pendent state, we have our own Ministry of Health. There is a panel of doctors that approves new medicines. They read the literature and decide whether to grant approval. Because we stock medicines not available in Italy, hospitals in Rome often come here looking for new drugs. Italian hospitals can give medicines not licensed in Italy if both the doctor and the patient approve."

There is one group of products that the pharmacy does not stock, and that is contraceptives. The Catholic Church opposes all forms of artificial birth control, a position spelled out most clearly by Pope Paul in his encyclical letter *Humanae Vitae* (On Human Life) in 1968.

However, in what seems a concession to a frivolous world (or a way of earning revenue), there is a large and well-stocked perfume and cosmetics department.



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